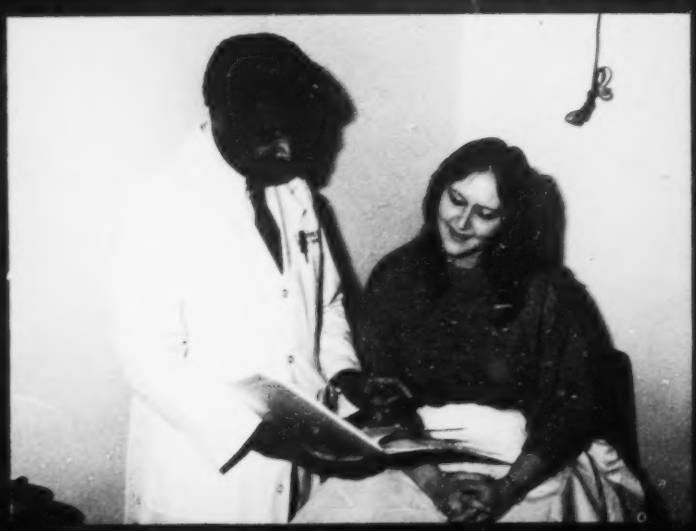
S0175-3-4

Alabama Department of Public Health

1986 Annual Report



The health of a people is really the foundation upon which all their happiness and all their power as a state depends.

—Benjamin Disraeli

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Historically, the provision of public health care has touched both practical and humane issues. We are all linked by the invisible forces that empower or disable our bodies, and these forces have no understanding of cultural, economic, or geographic boundaries. Therefore, when we protect one person, we care for all; when we endanger one, we harm all; and when we make an advance against a disease for one, we make hope for all.

So much and so many have already been saved through the public health system since its establishment over a century ago, but much remains to be done, and without doing significantly more, so much will be lost. The savings in human and economic loss are incalculable, and the gains, inestimable.

The effects of health reach deep into the souls of our people, our state, and our nation. Our health care needs in Alabama are great; our state's goal then ought to be no less than to strive to become a leader in developing a cost-efficient public health system that prevents and treats disease, improves the quality and the productivity of our citizens' lives, and brings new life into the world that is fully capable of contributing to and not just taking from society.

We can do this; we should do this; we must do this—not only to prevent disaster, but also to fulfill the exciting promises for mankind that are just now becoming visible on the horizon.

State of Alabama
Department of Public Health

State Office Building
Montgomery, Alabama 36130-1701

Claude Earl Fox, M.D., M.P.H.
State Health Officer

The Honorable Guy Hunt
Governor of Alabama
Montgomery, Alabama 36130

Dear Governor Hunt:

This department's 1986 annual report marks a time of reassessment of the needs of public health in Alabama.

Because the problems resulting from the lack of a comprehensive system of public health care are compounding rapidly, and because there are solutions to these problems, I strongly urge that we aggressively seek ways and means to develop the existing system to its maximum operating potential.

As I approach completion of my first year of service as Alabama's State Health Officer, I am happy to report that we have within our department people with the talent and the caring to achieve the monumental task of building such a system. With the continued support of all segments of government, members of the health care profession, and the public, we can through enterprising, progressive management expand public health services to meet the needs of our people.

It is with pride in the efforts of the employees of this department and those who have worked hard with us that I submit this report of the activities of the Alabama Department of Public Health in 1986 for your review. It is with confidence in our mutual concern for this state's prosperity that I look forward to working with your office on behalf of the citizens of Alabama.

Sincerely,

Claude Earl Fox, M.D., M.P.H.
State Health Officer

CEF/tp

State Health Officer's Report

Claude Earl Fox, M.D., M.P.H.

What Alabama should have—and what Alabama can have—for its people from the beginning of life through old age is a public health system that is both effective and cost-efficient in helping to distribute the riches of good health.

"Without vision, the people perish." These words from Proverbs summarize the history of the triumphs and the failures of public health over the past century.

The Alabama Department of Public Health provides services that most citizens of a modern society can fortunately take for granted and offers medical care to those who have been deprived of help through poverty, lack of insurance, inadequate information, or the limitations of services caused in certain areas by a variety of complex factors.

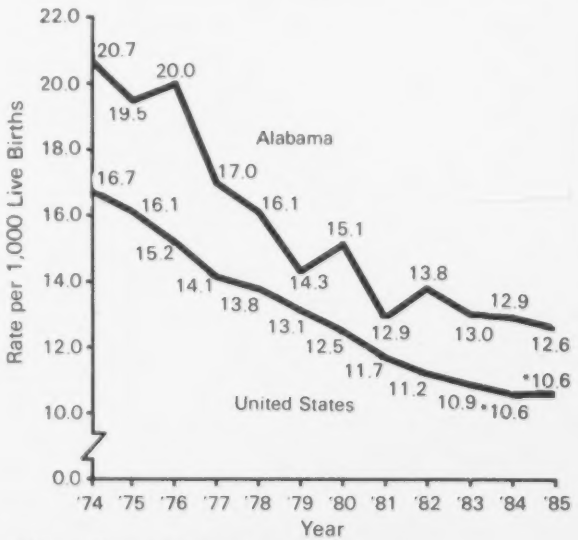
It cannot be stressed enough that since it is unavoidable that the cost of each person's health care will be exacted from our society in a number of ways, we must have the vision to develop a public health system that minimizes these costs.

Through prevention, careful management of delivery of services, and stringent networking of resources, a comprehensive public health system could be developed that would significantly limit health problems. And as a result of efforts to develop the service and funding methods necessary to create optimum public health care, private health care would also be enhanced.

It is clear that the effort required to create such a far-reaching program is tremendous, but it is ultimately essential to avoid the disastrous conditions some current problems will lead to if we do not begin to find solutions to them now.

Listed here are brief descriptions of some of the areas of concern to be addressed in public health with the following pages of this report giving information on the activities conducted and programs developed by the department in 1986 to deal with these and other health matters. In all these areas, what Alabama should have—and what Alabama can have—for its people from the beginning of life through old age is a public health system that is both effective and cost-efficient in helping to distribute the riches of good health.

GRAPH 1-1
INFANT MORTALITY RATE
ALABAMA AND UNITED STATES
1974-1985



*'84 and '85 provisional data by place of occurrence

Maternal and Child Health

Family Planning—Preventing high risk or unwanted pregnancies through the provision of broad access to information on pregnancy can significantly reduce financial burdens to the state. Studies show that for every $1.00 spent on family planning services, $2.00 are saved in associated health and welfare costs in the first year; for teen pregnancies, which totalled 10,689 in 1985, the amount saved is $3.00 for every $1.00 spent. The department's Family Planning Program budget, however, allowed for only 30 percent of the "in-need" being served during Fiscal Year '86.

Prenatal Care and Obstetrical Delivery Services—Alabama pays a high cost for being one of the highest ranking states in the country in infant mortality and for dealing with the numerous other problems associated with poor prenatal and delivery services such as rehospitalization and long-term care for the handicapped, mentally retarded, and developmentally disabled. Just one year of institutional care for a retarded child costs $37,602. In addition to Alabama's lack of prenatal care, in over one-third of its counties it is no longer possible for a woman to have her baby delivered by a physician, primarily because of expenses created by maternity malpractice suits.

Child Health Care—In 1986, 480,000 children below 150 percent of poverty were not served due to the lack of health department funds. The comprehensive provision of Early Periodic Screening, Diagnosis and Treatment (EPSDT) services along with a case management approach is needed to reduce duplication of services and overall expenditures for child health care.

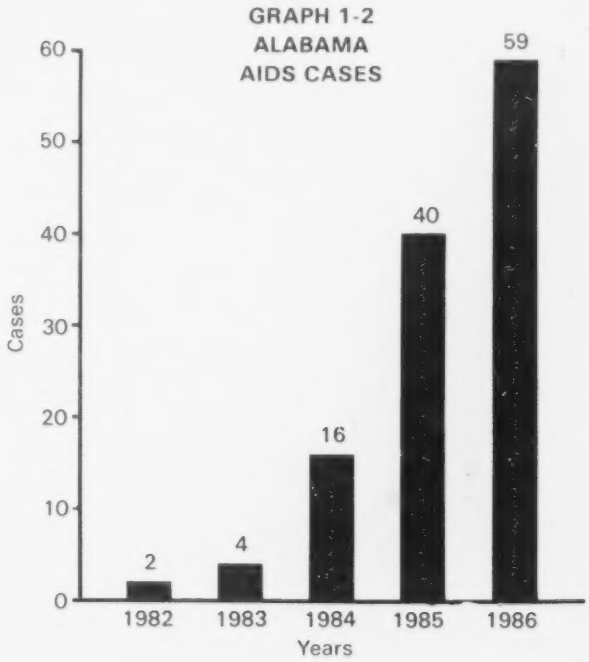
Communicable and Chronic Diseases

Immunization—The savings for later medical costs associated with childhood immunizations is $10.00 for each $1.00 spent. However, the costs of immunizations have been driven upward by vaccine-related injury liability cases, so this factor must be addressed in conjunction with the need to continue working to provide a comprehensive immunization program for both children and adults.

Cardiovascular Diseases—Nearly half of all deaths in Alabama are caused by major cardiovascular disease. New estimates yield 237,227 medically indigent uncontrolled hypertensives. It is less expensive to treat hypertension for 20 years than to pay the cost of one critical cardiovascular event. A major challenge to public health is to assist people in controlling high blood pressure, a critical factor in controlling the outcome of cardiovascular diseases.

Cancer—Many female cancers, if detected early, are curable, but funding for such programs is tragically inadequate; in 1986 only six percent of the projected in-need population of Alabama was served.

Sexually Transmitted Diseases—AIDS now presents a serious new threat in this area of disease. During 1986 planning for a massive education campaign was begun to help stem the current trend that indicates that by the end of 1991, 25,000 Alabamians may have contracted the AIDS virus.



Geriatric Care

In 1980 11.8 percent of Alabama's population was 65 and over, and the expanding population in this age group with limited resources is an evolving demand on health services. The need for chronic disease care programs, availability of

transportation, and health care providers is now being examined.

Emergency Medical Services

To prevent injury and loss of life in emergency situations, quality prehospital care is essential. This requires ongoing regulation of providers, training of personnel, and updating of equipment.

Environmental Health

A long series of regulatory, inspection, investigative, and planning services are required to protect our food, water, and air supplies; guard against the hazards of waste, animal and insect carriers of disease, and radioactive materials; and to ensure that buildings are free of non-toxic substances and constructed according to safe standards. Some environmental issues are quite controversial, such as public smoking and the use and disposal of nuclear materials; others we take for granted such as the purity of a carton of milk or sanitary sewage disposal. As the use of chemicals and nuclear materials increase, as economic demands cause businesses to cut costs in ways that affect public safety, and as the need for the provision of geriatric and alternate health care facilities increases, more and more demands will be made for services to protect the public's health against the complex set of problems assigned to the area of environmental health.

Financing and Delivery of Public Health Services

The provision of public health care involves the use of many resources to fill many needs. In addition to providing basic public health services to all citizens, the public health department has the responsibility of seeing that medical care is made available to the indigent, which the department recommends defining as those whose level of income is at 150 percent of the current national poverty level. This formula provides standardization with most federally funded programs' definitions including all health department clinical services.

Through its Unified Medical Record Income Screening System, the health department in early 1986 identified 995,257 individuals who are poor, uninsured, or underinsured who are in need of preventive health, and other human services. The following briefly summarizes information on health care financing and service delivery that was presented by the department in a report in March of 1986 to the Blue Ribbon Committee on Uncompensated Health Care. Suggestions in this report included:

- Establishing a Health Care Fund coordinated and administered through health care providers and public health based on 1) equitable cost sharing from county and state governments with contributions from all hospitals in the state and 2) standardized eligibility determination within the existing service delivery system.

- Making full use of the Medicaid program to take complete advantage of Alabama's favorable federal-state match and subsequently making better use of state and local monies. Underutilized Medicaid eligibility options include implementation of the Optional Categorically Needy program; increase of physician fees in access-problem areas; the use of case management by Crippled Children Services (CCS) of the Education Department; a high-risk channelling hospital project; expansion of the EPSDT; and an increase in coverage of EPSDT visits, hospital inpatient days, and reimbursement rates for visits within the public health system.

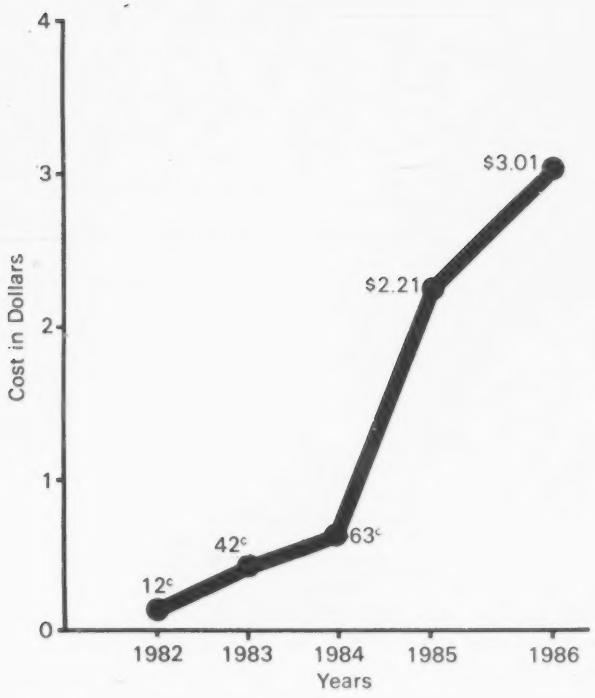
- Investigating and mandating various methods to expand the number of persons covered by private insurance.

- Coordinating through public health the delivery of uncompensated services, including private physician care, hospital services, primary care, school-based systems, and local county health department services to monitor cost containment measures to ensure maximum use of available dollars.

Alabama Public Health Financial Facts

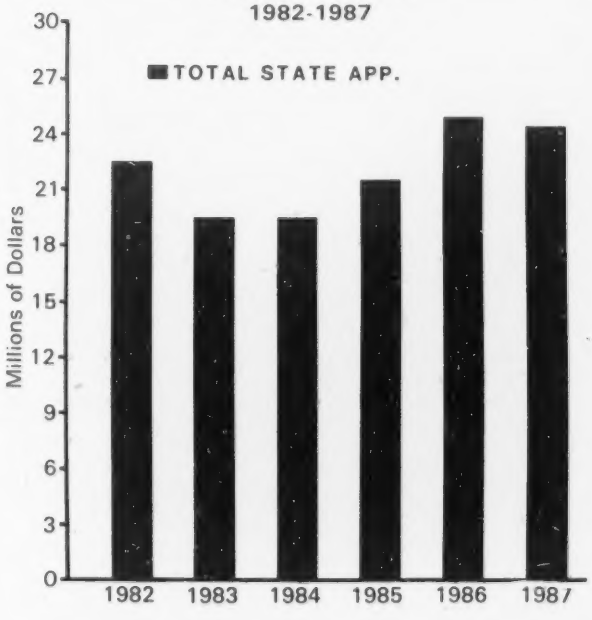
While health expenses have jumped in many areas, such as the increase in DTP vaccine costs, public health appropriations and personnel numbers have not risen accordingly.

GRAPH 1-3
ALABAMA
DTP VACCINE COST



GRAPH 1-4
PUBLIC HEALTH APPROPRIATIONS
1982-1987

GRAPH 1-5
PUBLIC HEALTH APPROPRIATIONS
TOTAL STATE APP.
1982-1987



COST TO
ALABAMA DEPARTMENT OF PUBLIC HEALTH
OF DTP VACCINE
1982-1986

FY	Total Cost	Cost/ Dose	Total Doses
1982	$ 22,125	$0.12	184,378
1983	$ 77,626	$0.42	184,825
1984	$111,557	$0.63	177,076
1985	$346,558	$2.21	156,814
1986	$455,042	$3.01	146,591

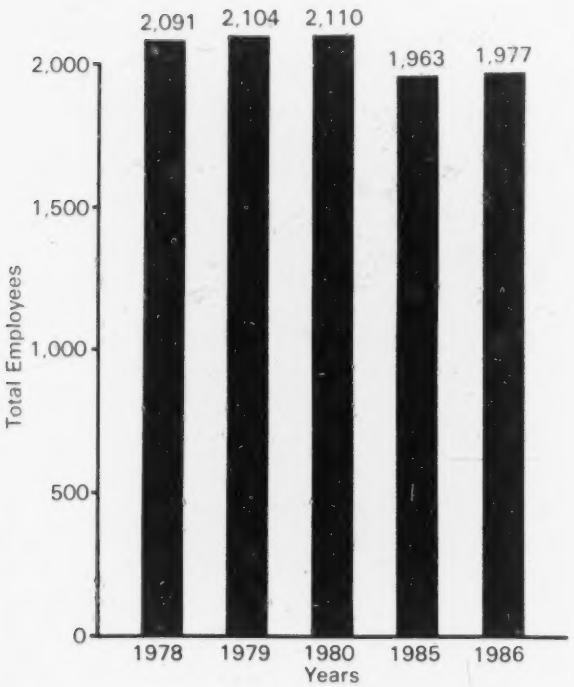
HEALTH DEPARTMENT APPROPRIATIONS FOR PERIOD OF 1981-1987

Year	State General Fund	Cigarette Tax 1¢ + 2¢	Education Trust Fund	Total	Education Trust Fund Perinatal	Total Including Perinatal
1981	$15,507,000	$3,481,617	$ 482,159	$19,470,776	$ 723,239	$20,194,015
1982	$18,024,000	$3,464,114	$ 395,794	$21,883,908	$ 791,706	$22,675,614
1983	$15,197,416	$3,195,826	$ 395,794	$18,789,036	$ 791,706	$19,580,742
1984	$15,532,619	$2,914,299	$ 395,794	$18,842,712	$ 791,706	$19,634,418
1985	$17,454,118	$2,968,344	$ 737,346	$21,159,808	$ 870,877	$22,030,685
1986*	$16,300,000	$3,200,001	$4,634,142	$24,134,143	$1,965,858	$26,100,001
1987**	$15,566,500	$2,860,709	$4,490,573	$22,917,782	$2,000,000	$24,917,782

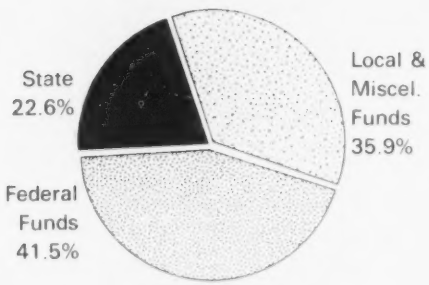
*In 1986 State General Fund was prorated by 3% ($489,000) and Education Trust Fund by 5% ($330,000) leaving a total for the year of $25,281,001.

**Based on 1987 Spending Plan

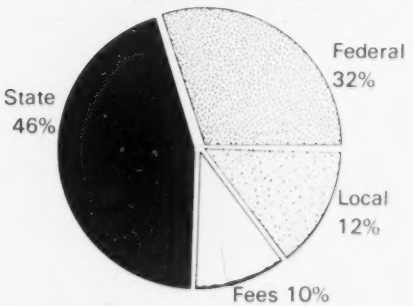
GRAPH 1-6
ALABAMA PUBLIC HEALTH PERSONNEL



GRAPH 1-7
ALABAMA DEPARTMENT OF PUBLIC HEALTH SOURCES OF FUNDS FISCAL YEAR 1986

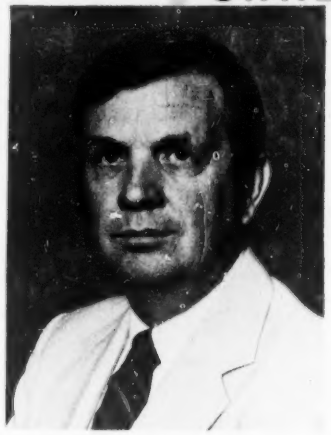


UNITED STATES TOTAL STATE HEALTH DEPARTMENTS FISCAL YEAR 1984



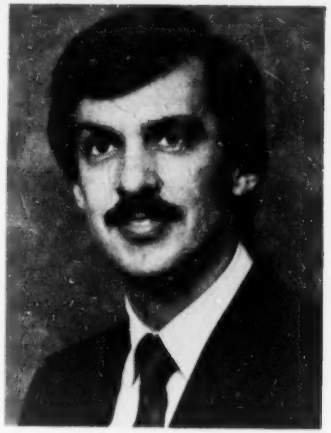
Alabama receives half the national average of state-supplied funds.

MEMBERS
STATE COMMITTEE OF PUBLIC HEALTH

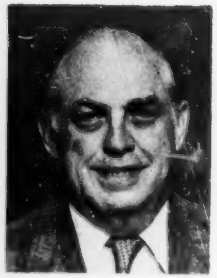


W. Earle Riley, M.D.
Chairman
Fairfield

William D. Lazenby, M.D.
Vice Chairman
Opelika



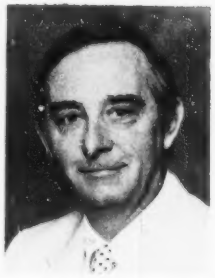
Claude Earl Fox, M.D., M.P.H.
Secretary
Montgomery



Ernest C. Brock, Jr., M.D.
Tuscaloosa

Richard H. Esham, M.D.
Mobile

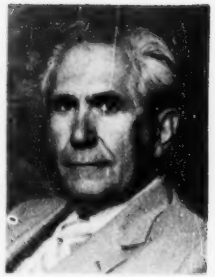
Garland C. Hall, Jr., M.D.
Moulton



Patrick B. Jones, Jr., M.D.
Dothan

Stephen G. Lauten, M.D.
Mobile

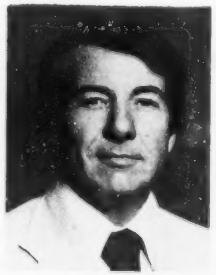
Peter W. Morris, M.D.
Birmingham



Ira B. Patton, M.D.
Oneonta

James A. Pittman, Jr., M.D.
Birmingham

William C. Waller, M.D.
Montgomery



James E. West, M.D.
Anniston

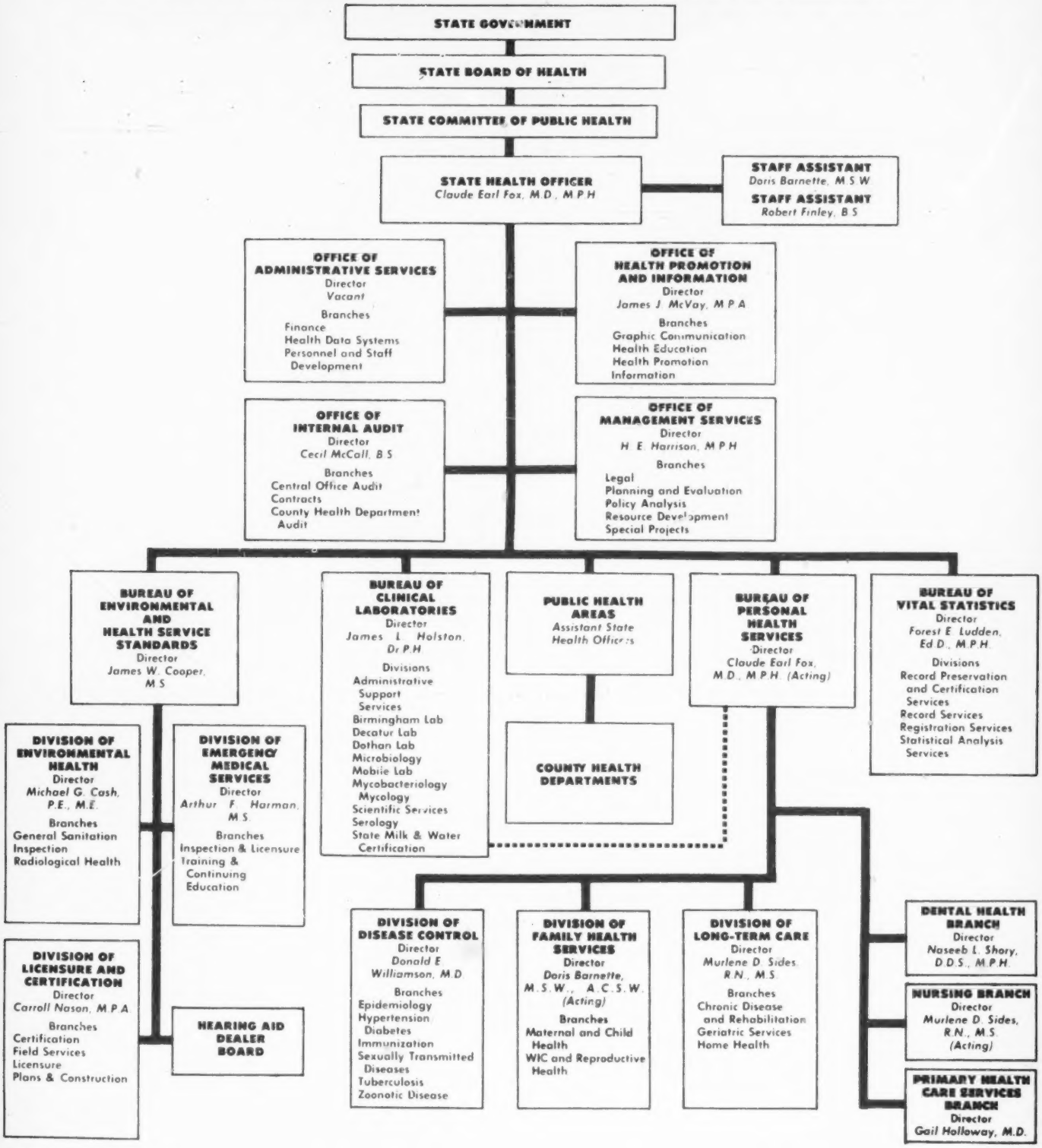
Council on Animal &
Environmental Health
George F. Seier, Jr., D.V.M.
Prattville

Council on Dental Health
M. N. Freeman, D.D.S.
Montgomery

Council on Health Costs,
Administration &
Organization
William S. Fuller

Council on Prevention of
Disease & Medical Care
Myra J. Downs, R.N., M.S.N.
Gadsden

ORGANIZATION OF THE ALABAMA DEPARTMENT OF PUBLIC HEALTH



Approved:

Claude Earl Fox, M.D., M.P.H.
State Health Officer
December 18, 1986

ADPH-D-A-1

Office of Administrative Services

Finance Branch

PROGRAM GOALS: To conduct all fiscal transactions for the state health department and for the county health departments; to assure that all expenditures are within the budget through thorough accounting records of the receipt and expenditure of allocated funds.

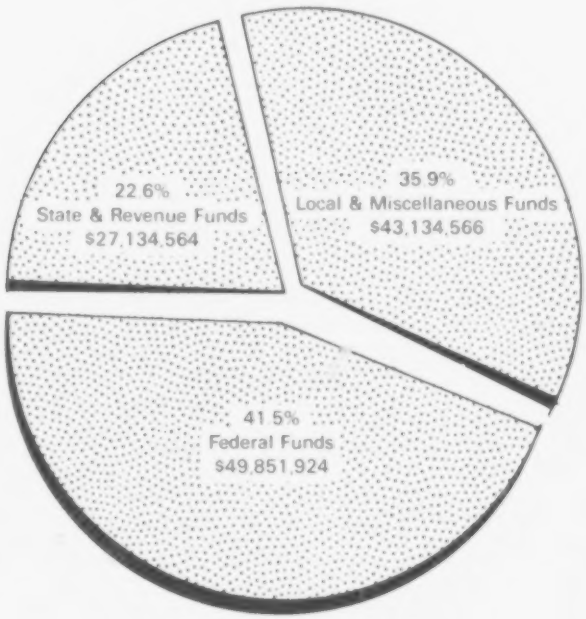
Operating Statement of Funds Fiscal Year

The following tables and graphs summarize the sources and uses of funds for public health during Fiscal Year 1986.

TABLE 2-1
SUMMARY OF DISBURSEMENTS BY OBJECT
FISCAL YEAR 1986

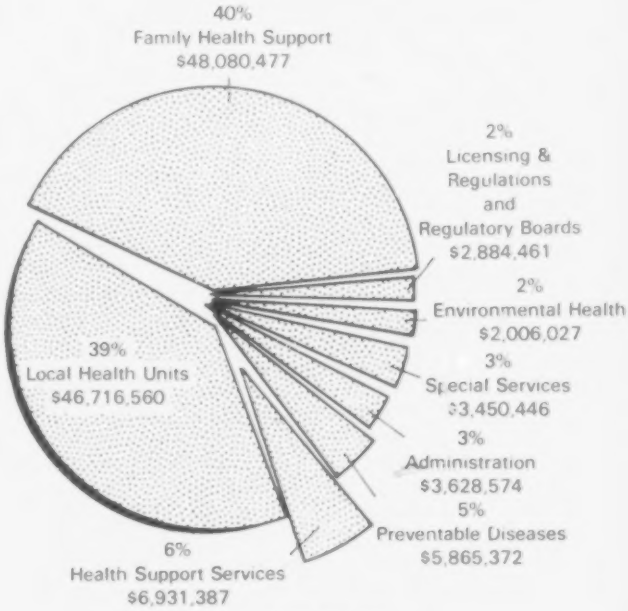
Object	Expended
Salaries	$25,886,178.80
Fringe Benefits	5,230,747.67
Travel—In-State	1,017,240.29
Travel—Out-of-State	62,237.61
Repairs and Maintenance	172,579.85
Rentals and Leases	817,973.57
Utilities and Communication	1,326,397.32
Professional Services	1,993,911.47
Supplies and Materials	1,415,805.19
Drugs and Medical Supplies	1,615,443.98
Food—Women, Infants and Children	25,431,291.43
Indirect Cost	2,627,664.37
Training	33,323.57
Transportation and Equipment Operations	27,790.17
Grants and Benefits	8,509,837.91
Capital Outlay	198,317.16
Transportation Equipment Purchases	27,986.30
Other Equipment Purchases	427,797.33
Non-Expenditure Disbursements	3,508,751.07
County Health Departments	39,231,428.48
Total	$119,563,303.54

GRAPH 2-1
SOURCES OF FUNDS RECEIVED
FISCAL YEAR 1986



GRAND TOTAL $120,121,054

GRAPH 2-2
EXPENDITURE OF FUNDS
FISCAL YEAR 1986



GRAND TOTAL $119,563,304

TABLE 2-2

SUMMARY OF RECEIPTS, DISBURSEMENTS AND BALANCES BY SPECIAL SOURCE OF FUNDS
FISCAL YEAR 1986

Source	Balance 10-1-85	Receipts	Expended	Balance 9-30-86
STATE AND REVENUE FUNDS				
General Fund—Health	599,502.22	16,111,000.00	16,255,194.73	455,307.49
ASETF Perinatal	242,116.45	1,883,082.50	1,617,456.50	507,742.45
ASETF Health Support	1,106.01	4,232,593.01	4,027,065.68	206,633.34
ASETF Food Inspection	—0—	204,605.00	204,605.00	—0—
ASETF Immunization	123,606.58	—0—	123,606.58	—0—
Total	966,331.26	22,431,280.51	22,227,928.49	1,169,683.28
2¢ Cigarette Tax	90,501.40	1,849,790.49	1,782,206.14	158,085.75
1¢ Cigarette Tax	359,121.22	1,425,018.59	1,203,466.13	580,673.68
Radiation Safety	99,557.00	93,232.00	62,552.70	130,236.30
Hospital Licenses	151,335.22	218,945.25	167,141.71	203,138.76
Vital Statistics Fees	757,970.65	1,054,117.11	1,075,528.00	736,559.76
Emergency Medical Services	38,922.24	40,880.00	41,883.06	37,919.18
Total	1,497,407.73	4,681,983.44	4,332,777.74	1,846,613.43
Regulatory Boards				
Hearing Aid Licenses	17,744.87	21,300.00	8,185.02	30,859.85
TOTAL STATE AND REVENUE FUNDS	2,481,483.86	27,134,563.95	26,568,891.25	3,047,156.56
FEDERAL FUNDS				
Family Planning	561,033.06	4,060,013.44	4,396,249.74	224,796.76
Maternal and Child Health	334,508.05	8,536,640.85	8,387,950.40	483,198.50
Preventive Health Block	72,764.12	1,445,403.00	1,443,563.27	74,603.85
WIC Food Program	525,299.08	32,600,000.00	32,581,163.17	544,135.91
Home Health	276,850.51	275,965.56	268,992.82	283,823.25
SSA Certification	(1,531.96)	756,000.00	753,701.89	766.15
Medicaid Lic. & Certif	60,547.73	665,748.75	548,516.43	177,780.05
Sexually Transmitted Diseases	47,201.51	808,731.54	823,077.02	32,856.03
Immunization	6,745.11	317,000.00	265,399.91	58,345.20
Tuberculosis	4,249.84	63,710.54	66,463.92	1,496.46
Refugee	3,362.83	24,136.37	25,908.15	1,591.05
National Health Service Corps	(14,027.04)	85,471.69	65,568.11	5,876.54
AEC Radiological Health	24,929.92	60,108.77	27,822.24	57,216.45
Chambers-Cherokee ARC	11,727.28	(10,206.33)	1,520.95	—0—
FDA Food Inspection	494.30	59,500.00	58,930.24	1,064.06
Vital Statistics—NCHS	2,391.94	98,000.00	99,826.32	565.62
Revolving Fund	(2,209.42)	5,700.08	6,118.76	(2,628.10)
TOTAL FEDERAL FUNDS	1,914,336.86	49,851,924.26	49,820,773.34	1,945,487.78

TABLE 2-2 (continued)
SUMMARY OF RECEIPTS, DISBURSEMENTS AND BALANCES BY SPECIAL SOURCE OF FUNDS
FISCAL YEAR 1986

Source	Balance 10-1-85	Receipts	Expended	Balance 9-30-86
LOCAL AND MISCELLANEOUS FUNDS				
Dental Contracts	37,780.28	33,976.68	15,411.45	56,345.51
OHTS Contracts	(49,714.33)	275,530.54	247,856.13	(22,039.92)
Lab Contracts	114,069.76	490,737.42	415,503.88	189,303.30
Indirect Cost Earned	1,134,242.60	2,647,552.26	2,388,989.14	1,392,805.72
Consumer Products Safety	3,977.44	9,250.00	4,010.22	9,217.22
Vital Statistics	44,258.07	83,987.72	80,814.24	47,431.55
Miscellaneous Reimbursement	(468,491.83)	541,301.50	875,037.64	(802,227.97)
Health Nuclear Monitoring	70,339.14	110,274.07	119,192.77	61,420.44
Local Appropriations	5,385,026.37	*38,941,955.95	*39,231,428.48	5,095,553.84
Total Local & Miscellaneous	6,271,487.50	43,134,566.14	43,378,243.95	6,027,809.69
GRAND TOTAL	$10,667,308.22	$120,121,054.35	$119,767,908.54	$11,020,454.03

*Includes $21,721,222.00 in funds collected and expended locally

TABLE 2-3

SUMMARY OF PROGRAM DISBURSEMENTS BY GENERAL SOURCE OF FUNDS
FISCAL YEAR 1986

Program	All Funds	State Revenue Funds	Federal Funds	Local and Other Funds
ADMINISTRATION				
Executive	422,012.81	422,012.81	—0—	—0—
Finance	763,373.81	763,344.43	—0—	29.38
General Services	1,971,615.70	583,752.17	173,862.51	1,214,001.02
Internal Audit	127,310.16	127,310.16	—0—	—0—
Legal Services	106,518.65	106,518.65	—0—	—0—
Personnel	237,742.52	237,742.52	—0—	—0—
Total	3,628,573.65	2,240,680.74	173,862.51	1,214,030.40
SPECIAL SERVICES				
Administration	80,814.24	—0—	—0—	80,814.24
Vital Statistics	1,175,354.32	1,075,528.00	99,826.32	—0—
Primary Prevention	753,138.28	561,782.59	2,278.10	189,077.59
Health Data	1,441,139.13	1,381,734.63	—0—	59,404.50
Total	3,450,445.97	3,019,045.22	102,104.42	329,296.33
HEALTH SUPPORT SERVICES				
Public Health Area Support	161,552.58	135,001.00	26,551.58	—0—
Public Health Nursing	599,817.04	358,025.60	5,684.49	236,106.95
Public Health Area I	152,229.92	152,229.92	—0—	—0—
Public Health Area II	121,094.21	121,094.21	—0—	—0—
Public Health Area III	110,075.00	110,075.00	—0—	—0—
Public Health Area IV	201,692.99	201,692.99	—0—	—0—
Public Health Area V	163,802.27	163,802.27	—0—	—0—
Public Health Area VI	83,196.91	83,196.91	—0—	—0—
Rape Prevention	62,982.29	—0—	62,982.29	—0—
National Health Service Corps	65,568.11	—0—	65,568.11	—0—
Clinical Laboratories	5,209,375.93	4,150,678.45	643,020.75	415,676.73
Total	6,931,387.25	5,475,796.35	803,807.22	651,783.68
LICENSING AND REGULATION				
Emergency Medical Services	434,842.03	148,026.65	222,148.15	64,667.23
Licensure and Certification	2,441,434.17	191,696.46	1,302,218.32	947,519.39
Total	2,876,276.20	339,723.11	1,524,366.47	1,012,186.62
ENVIRONMENTAL HEALTH				
Administration	63,431.52	63,431.52	—0—	—0—
Quality Assurance	57,709.97	57,709.97	—0—	—0—
General Sanitation	268,491.07	268,491.07	—0—	—0—
Vector Control	38,836.44	—0—	38,836.44	—0—
Asbestos Abatement	70,117.72	70,117.72	—0—	—0—
Inspection	871,118.46	812,188.22	58,930.24	—0—
Radiological Health	636,322.21	489,307.20	27,822.24	119,192.77
Total	2,006,027.39	1,761,245.70	125,588.92	119,192.77

TABLE 2-3 (continued)
SUMMARY OF PROGRAM DISBURSEMENTS BY GENERAL SOURCE OF FUNDS
FISCAL YEAR 1986

Program	All Funds	State Revenue Funds	Federal Funds	Local and Other Funds
PREVENTIVE HEALTH SERVICES				
Administration	132,652.06	132,652.06	—0—	—0—
Epidemiology	196,296.45	196,296.45	—0—	—0—
Hypertension	407,181.92	100,491.20	306,690.72	—0—
Immunization	1,453,362.38	1,187,968.47	265,393.91	—0—
Tuberculosis Control	1,736,367.07	1,163,072.19	68,062.12	505,232.76
Hospitalization of TB Patients	515,967.80	517,560.00	(1,592.20)	—0—
STD Control	1,423,544.30	628,695.33	795,167.51	(318.54)
Total	5,865,371.98	3,926,735.70	1,433,722.06	504,914.22
PERSONAL HEALTH SUPPORT				
Family Planning	5,027,200.74	100,000.00	4,927,200.74	—0—
Women, Infants and Children	32,581,162.17	—0—	32,581,162.17	—0—
Maternal and Child Health				
Block Grant—Transfer to Crippled Children	2,397,577.00	—0—	2,397,577.00	—0—
Administration	499,053.84	30,587.05	468,466.79	—0—
Perinatal Services	4,027,620.08	1,553,000.06	2,474,620.02	—0—
Special Project Contracts	2,545,300.97	333,090.75	2,212,210.22	—0—
MR Contracts	272,201.03	—0—	272,201.03	—0—
Cancer Detection	321,782.98	321,782.98	—0—	—0—
Dental Health	408,577.90	370,824.92	22,341.53	15,411.45
Total	48,080,476.71	2,709,285.76	45,355,779.50	15,411.45
REGULATORY BOARDS—Hearing Aid	8,185.02	8,185.02	—0—	—0—
LOCAL HEALTH UNITS	46,716,559.37	6,883,588.65	301,542.24	*39,531,428.48
GRAND TOTAL	$119,563,303.54	$26,364,286.25	$49,820,773.34	$43,378,243.95

*Includes $21,721,222.00 in funds collected and expended locally

Health Data Systems Branch

PROGRAM GOALS: To develop and maintain information systems that provide data services for the Alabama Department of Public Health.

Data Services Increase

In 1986 the Health Data Systems Branch continued to work to provide an increased level of service to the department. During this time, the branch produced the following:

478,137 Reports/Information
354 Program designs and modifications
31,135 Jobs
420 Million characters of data
114 Million lines of printed output

Data users served increased from 23 in 1985 to 25 for 1986. Active inventory included 77 devices, 12 data circuits, and 146 voice lines.

Personnel and Staff Development Branch

PROGRAM GOALS: To devise, recommend, and implement personnel policies and programs resulting in a more effective, efficient workplace.

Organization changed to improve program administration

During 1986 the Personnel Branch was very active in maintaining proper classification of positions within the department. During this time 81 positions were reallocated to different classifications based on 91 job studies or task analyses. Also 106 new positions were established to meet departmental needs due to organizational changes designed to improve program administration.

Employee statistics for Calendar Year 1986

At the end of 1986, of the 2,144 Health Department employees, 676 (31 percent) were state level employees, and 1,468 (69 percent) were county level employees. These figures do not include Jefferson and Mobile county employees since they are under separate merit systems.

Employee Gains

215 Original Probationary
6 Provisional
51 Temporary
9 Reemployment
10 Transfers
164 Unskilled Appointments
455
79 Promotional Appointments

Employee Separations

152 Resignations
40 Expirations of Appointment (provisional, temporary, laborer)
4 Layoffs
6 Dismissals
16 Transfers
37 Retired
264

Affirmative action efforts continue

In the area of affirmative action, minorities made up 24.37 percent of the work force. The health department compares favorably with the Alabama labor market of 22 percent of those available in job classifications used by the department being minorities. During this period 131 original probationary appointments were to blacks, and the department's upward mobility efforts are reflected in an improved percentage of minorities in clerical (17.20 percent), professional (10.50 percent), and official or administrative (8.20 percent) job categories.

The branch continued its minority-sensitive recruiting efforts by participating in career day programs at predominantly black colleges. Currently efforts are being made through officials at Alabama State University and Tuskegee University to attract additional minorities in professional job categories such as environmentalists and microbiologists.

Better communications decrease personnel problems

The Personnel Branch continued to provide administrative support and guidance in the principles of progressive discipline in resolving complaints and grievances involving employees. The number of formal complaints filed by employees decreased significantly in 1986. This is due in part to a continuing effort for more effective communication with employees through the counseling provisions of the department's policy of progressive discipline.

Workshops strengthen job performance

During 1986, nine workshops were held in various programs to improve work performances and to provide professional development.

Office of Internal Audit

PROGRAM GOALS: To safeguard against the loss of time, money, and quality in the administration of department programs by reviewing and appraising the effectiveness and application of various accounting, financial, and other operating controls and making recommendations for operating improvements in these areas.

Activities of Internal Audit in 1986 included:

- 2 State program audits
- 30 County health department audits in nine counties
- 229 Contract reviews
- Participating in one Home Health Fee for Service Workshop and two Local Fee for Service Workshops (These provide training for employees in accounting for fees collected and in maintaining accounts receivable records.)
- Developing and drafting policies and procedures manual for the Office of Internal Audit
- Compiling four quarterly reports and one annual report disclosing activity in local funds held in county health departments
- Monitoring activity in Child Restraint Loaner/Rental Programs
- Responding in writing to Federal Audit (Federal OMB Circular A-102, Attachment P) for the two fiscal years ended 9/30/83 and 9/30/84
- Developing and drafting a log for establishing control over the "Request For State Car" forms
- Responding to questions from county personnel involving accounting matters by researching, explaining, and interpreting statutory and departmental regulations

Office of Health Promotion and Information

OHPI seeks to build comprehensive health promotion program

A critical part of any successful public health program is informing the public of the many activities required to achieve and maintain good health. It is a constant task, for each individual must be educated to the needs of his or her particular circumstances and health care professionals must be constantly updated on health information.

Due to the need for a comprehensive public information program to promote good health activities in a marketplace jammed with messages selling unhealthy lifestyles, the Office of Health Promotion and Information (OHPI) provides a leadership role in the state in health educational, informational, and promotional activities to reduce morbidity and premature mortality from injury and disease.

Graphic Communication Branch

PROGRAM GOALS: To provide commercial quality graphics and printing to the health department to improve information flow.

Demand for quality health promotion materials increases

The department's in-house printing services save considerable amounts of money, and the Graphic Communication Branch has worked to respond to the increasing demand for the production of high quality materials now required to promote good health activities. In response to the growing need for video educational materials, in 1986 the branch added a Beta video camera to increase its production capabilities.

Activities in Calendar Year '86 included:

1,901	Pieces of typesetting
7,131	Pieces of artwork/illustration
7,831	Pieces of photography
1,367	Printing requistions processed
20,582,354	Printing impressions
$303,801.25	Printing costs (This figure is down from $317,623 in 1985, reflecting cost-cutting measures taken due to increasing cost of printing and lack of funds.)

Health Education Branch

PROGRAM GOALS: To reduce premature death and disablement from preventable injury through health education and to change life behaviors by providing leadership and program direction.

Need continues for Child Passenger and Occupant Restraint Safety Programs

The Alabama Department of Public Safety reports that the typical Alabama driver faces a 37 percent probability of being injured or killed in an auto accident. Of the 892 persons killed last year, 769 were not wearing seat belts; of the 38,010 who were injured, 30,053 were not buckled up.

In 1986 a variety of educational programs were conducted with various agencies throughout the state on seat belt usage, and media campaigns were continued. Other activities concerning the occupant restraint program included corporate safety belt workshops and law enforcement training programs.

In its fall 1986 survey of Birmingham, Huntsville, Mobile, and Montgomery, the department found that these cities averaged 27.8 percent in child restraint usage. While this is a slight decrease fro a the figure recorded earlier in the year, it shows an increase of 16.8 percentage points since passage of the 1982 Child Restraint Law. With just under a 30 percent usage rate there is still much work to be done in Alabama to get a 100 percent compliance with the Child Restraint Law.

Usage of safety belts in surveys taken in the four major metropolitan areas showed a slight decrease from 24.1 percent in May 1986 to 22.9 percent in November 1986.

The Child Restraint Loaner Program, which makes infant and child safety seats available to health

departments and community organizations, recorded 50 local programs in operation.

Alabama Healthy Mothers, Healthy Babies Coalition formed

In June 1986 members of the department, the Alabama Advisory Council on Maternal and Child Health, the Alabama Perinatal Association, and the Alabama March of Dimes contacted the national Healthy Mothers, Healthy Babies Coalition to obtain information on starting an aggressive public information campaign to promote healthy lifestyles among Alabama mothers and children. During the next several months the Alabama Healthy Mothers, Healthy Babies Coalition was formed with several organizations throughout the state participating to maximize local resources.

In 1986 the coalition initiated plans to establish a statewide toll-free referral line for women on prenatal care and planned hospital deliveries. The new telephone system was named Storkline and was due to begin referrals in January 1987.

Requests for Health Risk Appraisal Services increase

Other activities of the Health Education Branch included the provision of Health Risk Appraisal Services (HRA), a program that screens individuals for health problem indicators. The department provides software and technical assistance at $50 per agency. Twenty-one organizations, colleges, agencies, and businesses used the services in 1986, an increase of five groups over 1985.

Health Promotion Branch

PROGRAM GOALS: To prevent premature death and disability from chronic disease through organized health promotion projects through worksite, community, and professional organizations.

Department supports goal of tobacco-free Alabama

The Alabama Department of Public Health is a member of the Coalition for a Tobacco-Free Alabama. The goal of the organization is to make Alabama tobacco free by the year 2000. Its priorities include the promotion of a comprehensive health education decision-making program for grades K-12; increased coordinated efforts with the mass media to more visibly promote the hazards of tobacco usage; increased education regarding cessation from tobacco usage; and the formulation and advocacy of "clean indoor air" legislation limiting or abolishing smoking in public buildings and other facilities.

Twenty-two other voluntary and state agencies are members of the coalition. The Office of Health Promotion and Information provides administrative services for the coalition and participates in its subcommittees' activities.

PATCH programs offer comprehensive community health planning

The PATCH (Planned Approach to Community Health) Project is a national cooperative health promotion effort among local communities, the state health departments, and the Centers for Disease Control. OHPI coordinates and assists Alabama communities in forming an organization; identifying health indicators; and developing health goals, objectives, and programs.

In 1986 two counties, Chambers and Greene, were involved in PATCH activities. Chambers County has been involved in PATCH for approximately two years. Its residents have begun to address the prevalence of smoking as a contributing factor to heart disease. Smoking cessation programs are being conducted in the community and workplace. Educational programs are planned for high school students. The Greene County program is in its primary stage of development.

Worksite health project continues to grow

Through the Worksite Health Promotion Project, positive health habits are promoted in the workplace. The goal of the project is to increase productivity, improve job morale, decrease absenteeism, and decrease health costs while providing an opportunity for the employees to improve their quality of life through behavioral changes.

In addition to developing the health department employees' program which has been in existence for two successful years, the staff is assisting other state departments and private industries to replicate the project.

Health fair attendance increases

The second annual employee Health Fair in Montgomery on September 10 attracted 216 employees. Seventeen booths offered immunizations, information and screenings on various health concerns, with the total number of visits up 51 over 1985. More than 1,650 pieces of educational material were distributed with 55 employees registered to participate in health promotion classes.

Information Branch

PROGRAM GOALS: To improve public health by providing health information through the mass media; to respond to requests from the public and health care professionals for health information; and to provide forums for health care professionals through department publications.

Employee newsletter begins publication to encourage pride in work

In its continuing effort to keep employees better informed about departmental matters, OHPI began publishing a monthly employee newsletter, *Alabama Health Update*, in June of '86. In addition to including news on office policies

and health issues, *Alabama Health Update* seeks to encourage pride in accomplishments throughout the department by publishing information employees wish to share on personal and professional achievements.

Local media contact network established to increase communications

In 1986 the department developed a statewide network of county news media coordinators to serve as local contacts with the local mass media to increase public health communications.

Ongoing services continue

The Information Branch continued to provide editorial assistance to other health department units and to edit the monthly magazine, *Alabama's Health*. The library of the Public Health Services Building was consolidated with the Health Reference Library due to space limitations, and requests continued for books and research information as well as for the film library's health education films, audio-visual equipment, and displays.

Activities in Calendar Year '86 included :

1,791	Copies of news releases and public service announcements distributed
13,356	Phone requests for information answered
343,416	Pieces of educational materials distributed
7,900	Health education film requests filled to serve approximately 275,000 reported viewers
1,276	Loans of audio-visual equipment and displays
22	New films added to film library
1	New publication planned, a quarterly scholarly periodical for health care professionals titled *Alabama Health Issues;* publishing to begin in 1987.

Office of Management Services

Legal Branch

PROGRAM GOALS: To provide the highest level of legal expertise to benefit the public's health, to provide sound legal information for decision-making, and to protect the various entities of public health.

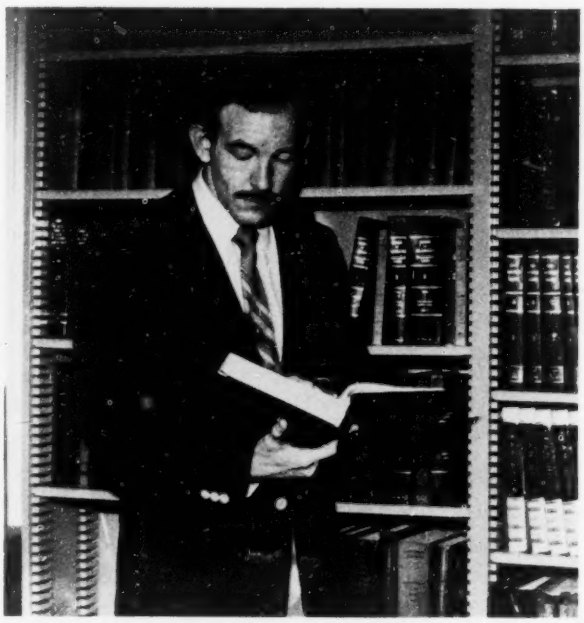
Litigation handled in 1986

The principal mission of the Legal Branch is to provide swift and efficient in-house legal counseling to the State Health Officer, the State Board of Health, the State Health Department, the various county boards of health, and county health departments. This involves general legal counseling to avoid litigation or to achieve compliance with various departmental regulations. In this capacity, the Legal Branch reviews and drafts contracts and leases, regulations and statutes affecting public health.

When litigation is necessary, the Legal Branch represents departmental personnel as both defender and prosecutor. In 1986, the two attorneys in the Legal Branch defended 16 lawsuits and filed two as plaintiff. These dealt with Environmental Health, Sexually Transmitted Diseases, Tuberculosis, Licensure and Certification, and Personnel and Staff Development. Additionally the Legal Branch represented the department's position before the Board of Adjustment, State Personnel Board, Industrial Relations Board of Appeals, and Hearing Officer deciding the Special Supplemental Food Program for Women, Infants, and Children (WIC), and other license revocation actions. The Legal Branch has also served as both counsel and prosecutor for the Alabama Hearing Aid Dealer's Board.

Issue of outdated statutes to be addressed

A major issue in the legal affairs of the department is the large volume of outdated statutes relating to health. The Legal Branch will be devoting attention to this issue in subsequent years.



Planning and Evaluation Branch

PROGRAM GOALS: To design and develop realistic plans for improving the public's health.

New management tools implemented

Improving the department's decision-making process is the purpose of several projects completed or initiated in Fiscal Year '86. A major management tool developed was the workload analysis which serves as an efficiency indicator designed to establish priority, quantifiable objectives in all programs. Development of a patient visit record for use in clinical services of county health departments was initiated, and record retention schedules were started in consultation with the state Archives and History Department.

Management improvements needed include county-state data system link

A number of improvements are needed in management to enhance public health services. Automated data systems linking the county and state health departments have been examined and await funds for implementation. County health departments have traditionally lagged years behind other health care providers in technological aids including automated data systems. These systems could also assist in relieving time-consuming paperwork. A forms reduction project is planned with the goal of reducing forms by 50 percent. Time and costs necessary to support the department's cost accounting system are expected to be drastically reduced through revisions of the cost accounting system.

Policy Analysis Branch

PROGRAM GOALS: To provide in-depth analysis of proposed and existing policies and to provide reliable information to guide decisions on health services.

Clinical programs integration yields many benefits

Due to federal funding of many public health programs, each clinical program has been operated independently of other clinical programs, resulting in a disease-oriented rather than a patient-oriented system. To eliminate the categorical delivery of services, a technical assistance team is working with county health departments to integrate services so that all clinical services will be available each day of operation and available on one visit to the clinic. Services integration should yield increased effectiveness of services, provision of more services needed by patients, and reduce the frequency of trips to the county health department for clinical services.

Policies and procedures manual to aid operations

To assist in unifying operations of the state and county health departments and to improve operational decisions, development of policy and procedure manuals in each organizational unit of the state health department was begun. Policies of the state board of health and the State Health Officer will be contained in the manuals. Manuals will be distributed to all area staffs and county health departments.

Resource Development Branch

PROGRAM GOALS: To search for sources of funding for the Public Health Department and to obtain or assist in obtaining resources needed in the public health system.

Survey of building needs planned

The majority of county health department buildings in the state were constructed in the 1950s and 1960s. The design and capacity of the buildings were suitable for the period when constructed. Growth in services and patients served has increased without a concomitant expansion of facilities. Capital improvements to maintain or update the condition of the buildings have been almost non-existent and repairs to buildings may frequently occur on an emergency basis. To ascertain the physical plant and equipment needs of the local departments, a detailed survey will be conducted statewide. The results may be costed and plans developed to secure sources of capital financing.

Bureau of Clinical Laboratories

PROGRAM GOALS: To provide accurate routine testing procedures for diseases of public health significance; to supply diagnostic capabilities unavailable in the private sector; to complement private laboratories with reference services for difficult procedures; to administer state and federal regulations; to institute innovative testing procedures for diseases; and to increase the general competence of laboratory science.

Numerous new services increase health care quality and efficiency

During Fiscal Year '86 the Bureau of Clinical Laboratories (BCL), formerly the Clinical Laboratory Administration, adapted to its changing role in support of

the new directions of the health department. Clinical laboratory services were implemented which should increase the quality of health care provided to county health department patients.

In June the Mycobacteriology Division completed a study which determined that tuberculosis (TB) drug susceptibility results could be reported at 11 days rather than the standard 21 days. This reduction in reporting time will significantly improve patient outcome since it enables early institution of appropriate antibiotic therapy. The accelerated reporting procedure has been well received by physicians, and the Centers for Disease Control (CDC) is considering the feasibility of implementing it nationwide.

During the year a Clinical Chemistry Section was established in the Division of Microbiology. Chemistry profiles were provided to the TB Control Division as a cost-effective means of monitoring the hepatoxicity of drugs used for the treatment of tuberculosis. New profiles were developed to meet the needs of the Hypertension Program and the Mobile County Family Practice Clinic. Plans for 1987 include adding a thyroid profile to the 26 individual procedures presently available.

After a pilot study revealed that 10 percent of the urine specimens cultured from Maternal and Child Health (MCH) patients contained significant bacteriuria, identification and sensitivity procedures were expanded to the Mobile and Birmingham Branch Laboratories. It is anticipated that these services will be available throughout the laboratory system in early Fiscal Year '87.

A study to determine the prevalence of chlamydial infections in pregnant MCH patients was conducted in cooperation with the Jefferson, Madison, and Mobile County Health Departments. Cervical swabs from 2,384 patients were examined and 499 (23 percent) were positive by Enzyme Immuno Assay (EIA). Because of this high prevalence of infection and the projection that 35 to 50 percent of exposed infants will develop conjunctivitis and 11 to 30 percent will develop pneumonia it was recommended that a statewide chlamydial screening program be implemented. *The cost of screening 20,000 MCH patients was estimated to be $200,000.00 while the estimated savings in hospitalization cost was projected to be $485,000.00.* Funding was approved and testing is scheduled to begin in February 1987.

An ongoing study for the detection of galactosemia in newborns was discontinued at the end of the fiscal year. This program was terminated because after 102,000 specimens were screened, no infants positive for galactosemia were found. A new procedure for the detection of biotinidase deficiency in newborns was initiated.

The laboratory was a central figure in the investigation of *Listeria monocytogenes* contamination of Kraft "Polar B'ar" ice cream. Four isolations were made in the state, including a different strain of *L. monocytogenes* that was isolated from a previously untested lot number.

Construction of the new Houston County Health Department which houses the Dothan Branch Laboratory was completed. The dedication of this laboratory culminated the BCL's building program which was begun in 1979 to renovate all branch laboratories. The BCL system now has modern branch laboratory facilities in Birmingham, Decatur, Dothan, and Mobile.

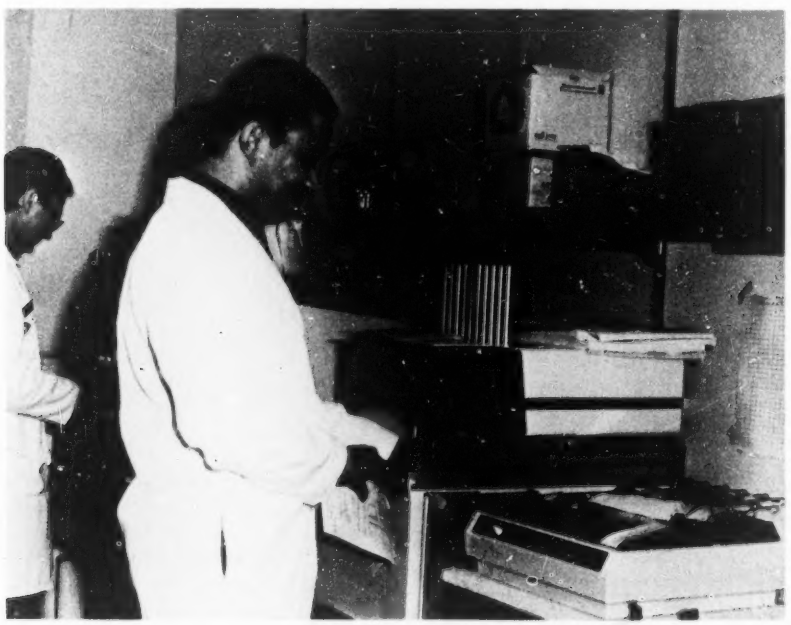


TABLE 3-1
BIRMINGHAM BRANCH LABORATORY

PROCEDURE	SPECIMENS	POSITIVE	NEGATIVE	UNSAT.	EXAMS
VDRL-Routine WR 333	[illegible]	1,435	57,677	500	61,558
VDRL-Premarital WR 42	11,975	61	11,855	17	12,061
HIV-EIA	1,461	133	1,314	14	1,580
Influenza Isolations	163	29	120	14	178
Chlamydiazyme (Pilot)	1,230	240	959	31	1,470
Urine Cultures-Routine	8,095	892	6,947	256	9,305
Sanitary-Dairy	7,293	1,505	5,722	66	20,940
Potable Water	20,975	834	19,295	846	40,707
Fluoride	789		789		825
Bay Water					
Shellfish					
GC Culture-PPNG Screening	132,245	7,998	120,210	4,037	149,229
Rabies	939	22	886	31	908
Check Specimens	164				932
TOTALS	245,274	13,524	225,774	5,812	299,693

TABLE 3-2
DECATUR BRANCH LABORATORY

PROCEDURE	SPECIMENS	POSITIVE	NEGATIVE	UNSAT.	EXAMS
VDRL-Routine WR 119	21,108	274	20,604	111	21,456
VDRL-Premarital WR 1	4,652	4	4,639	7	4,650
HIV-EIA	405	18	274		405
Influenza Isolations					
Chlamydiazyme (Pilot)					
Urine Cultures-Routine	2,335	125	2,207	3	2,332
Sanitary-Dairy	2,488	310	2,168	10	9,287
Potable Water	12,600	1,196	10,996	421	24,625
Fluoride					
Bay Water					
Shellfish					
GC Culture-PPNG Screening	31,948	1,989	29,416	543	35,871
Rabies	573	10	545	18	555
Check Specimens	119				442
TOTALS	76,228	4,046	70,849	1,113	99,623

TABLE 3-3
DOTHAN BRANCH LABORATORY

PROCEDURE	SPECIMENS	POSITIVE	NEGATIVE	UNSAT.	EXAMS
VDRL-Routine					
VDRL-Premarital					
HIV-EIA					
Influenza Isolations					
Chlamydiazyme (Pilot)					
Urine Cultures-Routine	544	52	492		544
Sanitary-Dairy	1,402	340	1,048	3	3,584
Potable Water	5,954	367	5,432	151	11,751
Fluoride					
Bay Water					
Shellfish					
GC Culture-PPNG Screening	7,054	819	6,085	164	8,901
Rabies					
Check Specimens	66				152
TOTALS	15,020	1,578	13,057	318	24,932

TABLE 3-4
MOBILE BRANCH LABORATORY

PROCEDURE	SPECIMENS	POSITIVE	NEGATIVE	UNSAT.	EXAMS
VDRL-Routine WR 243	34,809	1,925	32,500	141	37,040
VDRL-Premarital WR 10	4,365	32	4,310	13	4,404
HIV-EIA	1,113	134	979		1,113
Influenza Isolations					
Chlamydiazyme (Pilot)	1,332	277	1,046	9	1,332
Urine Cultures-Routine	2,819	264	2,551	4	2,819
Sanitary-Dairy	3,315	859	2,407	49	9,807
Potable Water	10,624	100	9,656	868	19,735
Fluoride					
Bay Water	325	80	245		650
Shellfish	143	24	119		858
GC Culture-PPNG Screening	52,957	3,770	47,543	1,644	61,327
Rabies	326	4	314	8	319
Check Specimens	114				202
TOTALS	112,242	7,722	101,670	2,736	139,606

TABLE 3-5
MONTGOMERY CENTRAL LABORATORY

LABORATORY: MONTGOMERY REPORT PERIOD: FY-86

SEROLOGY DIVISION	SPECIMENS	POSITIVE	NEGATIVE	UNSAT	EXAMS
Rh	12,736	9,411	3,194	143	25,657
ABO Typing	12,741			158	88,081
Bacterial Agglutination	38	2	42		44
VDRL-Routine WR 1,097	60,268	2,320	55,171	1,180	64,589
VDRL-Premarital WR 45	7,385	63	7,174	63	7,571
VDRL-Spinal Fluid	2,393	14	2,333	49	2,402
MHA-TP	2,001				2,001
Hepatitis	1,613				5,789
Agar Gel	779	109	670		1,714
CF-Viral	1,745				8,657
CF-Fungal	747				3,080
HIV-EIA	702	107	589	6	752
HIV-Western Blot	386	334	47	5	386
Rubella-EIA (IgG)	18,242	15,493	2,577	238	18,572
Rubella-EIA (IgM)	183		183		366
Influenza					
Influenza Isolations					
Arbovirus	406				1,367
FTA-ABS	986	105	875	7	996
Toxoplasmosis	875	203	669	3	875
Legionnaires	243				243
Rickettsia	168				168
Galactosemia	87,916				87,916
Hemaglobinopathies	46,141				52,468
Hemaglobinopathies (Newborn) [Pilot]	389				491
PKU-Guthrie	102,979	1			102,979
PKU-Chromatography	121				456
Hypothyroid	102,022			7,297	134,724
Biotinidase (Pilot)	8,809				8,812
Chlamydiazyme (Pilot)					
MICROBIOLOGY DIVISION					
Enteric	4,664	1,164	3,415	72	5,847
Urine Culture-Reference	1,536	1,333	203		3,680
Urine Culture-Routine	2,339	384	1,849	106	2,858
Sanitary-Dairy	4,153	865	3,257	31	12,689
Potable Water	15,051	1,367	12,230	453	29,305
Fluorine					
Bay Water					
Shellfish					
Special Bacteriology	800	711	18	71	35,258
Staphylococcus	18	12	6		24
Bordetella pertusis-Culture	179	29	146	4	693
Bordetella pertussis-FA	227	73	148	6	1,172
Brucella	1		1		5
Diphtheria	5		5		20
Legionella-Culture	120		113	7	1,144
Legionella-FA	1		1		4
Food Bacteriology	156	33	70	34	4,213
Botulinum Testing	7		5	2	88
Food Clinicals	20	2	12	6	105
GC Culture-PPNG Screening	58,851	4,965	52,554	1,322	73,793
Special GC Smears (Pilot)					
Parasitology	13,420	1,684	11,471	622	13,194
Streptococcus	2,277	436	170	11	3,035
Filth Analysis	40				69
Rabies	1,088	72	1,002	12	1,077
Clinical Chemistry	2,960			6	4,429
TB/MYCOLOGY DIVISION					
TB-Microscopic Smears	21,573	806	20,310	457	21,116
TB-Referred Cultures	861				
TB-Total Cultures		1,626	18,633	903	126,160
Mycology	4,200				45,708
CHECK SPECIMENS	353				2,863
TOTALS	607,914	45,366	199,143	13,274	1,009,705

TABLE 3-6
COMBINED LABORATORIES

LABORATORY: COMBINED REPORT PERIOD: FY-86

SEROLOGY DIVISION	SPECIMENS	POSITIVE	NEGATIVE	UNSAT	EXAMS
Rh	12,736	9,411	3,194	143	25,657
ABO Typing	12,741			158	88,081
Bacterial Agglutination	38	2	42		44
VDRL Routine WR 1,792	176,130	6,454	165,952	1,932	184,643
VDRL Premarital WR 98	28,377	160	27,978	100	28,686
VDRL Spinal Fluid	2,393	14	2,333	49	2,402
MHA-TP	2,001				2,001
Hepatitis	1,613				5,789
Agar Gel	779	109	670		1,714
CF-Viral	1,745				8,657
CF-Fungal	747				3,080
HIV EIA	3,681	392	3,156	20	3,850
HIV-Western Blot	386	334	47	5	386
Rubella EIA (IgG)	18,242	15,493	2,577	238	18,572
Rubella EIA (IgM)	183		183		366
Influenza					
Influenza Isolations	163	29	120	14	178
Arbovirus	406				1,367
FTA-ABS	986	105	875	7	996
Toxoplasmosis	875	203	669	3	875
Legionnaires	243				243
Rickettsia	168				168
Galactosemia	87,916				87,916
Hemaglobinopathies	46,141				52,468
Hemaglobinopathies (Newborn) [Pilot]	389				491
PKU-Guthrie	102,979	1			102,979
PKU-Chromatography	121				456
Hypothyroid	102,022	10		7,297	134,724
Biotinidase (Pilot)	8,809				8,812
Chlamydiazyme (Pilot)	2,562	517	2,005	40	2,802
MICROBIOLOGY DIVISION					
Enteric	4,664	1,164	3,415	72	5,847
Urine Culture-Reference	1,536	1,333	203		3,680
Urine Culture-Routine	16,132	1,717	14,046	369	17,858
Sanitary-Dairy	18,651	3,879	14,602	159	56,307
Potable Water	65,204	3,864	57,609	2,739	126,123
Fluorine	789		789		825
Bay Water	325	80	245		650
Shellfish	143	24	119		858
Special Bacteriology	800	711	18	71	35,258
Staphylococcus	18	12	6		24
Bordetella pertusis-Culture	179	29	146	4	693
Bordetella pertussis-FA	227	73	148	6	1,172
Brucella	1		1		5
Diphtheria	5		5		20
Legionella-Culture	120		113	7	1,144
Legionella-FA	1		1		4
Food Bacteriology	156	33	70	34	4,213
Botulinum Testing	7		5	2	88
Food Clinicals	20	2	12	6	105
GC Culture-PPNG Screening	283,055	19,541	255,808	7,710	329,121
Special GC Smears (Pilot)					
Parasitology	13,420	1,684	11,471	622	13,194
Streptococcus	2,277	436	170	11	3,035
Filth Analysis	40				69
Rabies	2,926	108	2,747	69	2,859
Clinical Chemistry	2,960			6	4,429
TB/MYCOLOGY DIVISION					
TB-Microscopic Smears	21,573	806	20,310	457	21,116
TB-Referred Cultures	861				
TB-Total Cultures		1,626	18,633	903	126,160
Mycology	4,200				45,708
CHECK SPECIMENS	816				4,591
TOTALS	1,056,678	72,246	610,493	23,253	1,573,559

Bureau of Environmental and Health Service Standards

Division of Emergency Medical Services

PROGRAM GOALS: To facilitate improvements in the quality of prehospital care through the systematic testing, inspecting, and licensing of emergency medical service providers.

Regulatory tasks completed in 1986

Regulatory tasks accomplished during Calendar Year '86 (as shown in the statistics below) included inspection and licensing of ambulance services, their vehicles, medical equipment, and personnel; inspection and licensure of rescue squad and ambulance services which provide I.V. fluids, drugs, and nitrous oxide mixture in the prehospital environment; testing and licensing of individual Emergency Medical Technicians (EMT's); and the review, approval, and monitoring of EMT training.

Approvals and Authorizations

204	Advanced life support providers approved to use I.V. fluids/medications
90	Hospital pharmacies authorized to supply I.V. fluids and medications
19	Advanced life support providers approved to use nitrous oxide

Licensure Examinations Administered

1,491	EMT (Emergency Medical Technician)-Basics
354	EMT-Intermediates
208	EMT-Paramedics
2,532	Individual licenses initially certified
3,961	Individual licenses recertified
1,103	Individual licenses revoked

Total Licenses Administered

4,649	EMT-Basics
1,340	EMT-Intermediates
1,607	EMT-Paramedics

Developmental tasks improve services

Developmental tasks accomplished during Calendar Year '86 included provision of technical assistance to providers, local/county governments, and regional EMS systems. The "granting of privileges" or "credentialling" of EMT's, enabling them to work within the formally established regional EMS systems, became a controversial, divisive issue which prompted the State Committee of Public Health to empanel an *ad hoc* group to study statewide EMS problems. This prompted the division to develop objectives to improve scheduling inspections, more systematically and objectively perform evaluations, and monitor compliance with approved Regional Medical Control and Accountability plans in greater depth.

New professional requirements increase EMT skills

Unique achievements included most notably the implementation of a regulatory program to authorize and monitor the use of nitrous oxide/oxygen mixture in the prehospital environment. This is the only analgesic authorized for administration by EMT's in the field.

The newly implemented National Registry—Paramedic testing program was continued: tests were administered to 455 candidates, with the overall passing rate improving from approximately 50 percent to 55 percent during the year.

Division of Environmental Health

General Sanitation Branch

Indoor Air Quality Section

PROGRAM GOALS: To provide Alabama residents with access to a program of indoor air quality surveys of

formaldehyde, carbon monoxide, and asbestos and information on the correction of indoor air quality problems.

Activities in Calendar Year '86 included:

Asbestos Discovery Surveys

18 Private schools, churches, libraries, businesses, and sorority houses surveyed
3 Schools and dialysis centers surveyed for final clearance
10 County health departments inspected for asbestos materials

Indoor Air Gaseous Contaminant Surveys

28 Businesses and homes tested for the presence of formaldehyde in the indoor atmosphere
6 Homes checked for carbon monoxide content in the indoor air
2 Churches and homes checked for possible health problems caused by molds
1 Home surveyed for a possible problem caused by hydrogen sulfide

School System Clearance for Asbestos

4 School systems received final clearance letters
108 School buildings involved in the final clearance surveys

Bulk Sample Analysis for Asbestos

10 Samples of materials analyzed for asbestos content
159 Samples tested positive for asbestos

Training Given

21 Environmental trainees taught the basis of identifying asbestos in structures

Training Received

2 Staff members of the section trained in the use of respirators in asbestos environments

Onsite Sewage Disposal Section

PROGRAM GOALS: To ensure proper management of onsite sewage disposal systems and to review and approve plans for sewage and water supply systems so that by the end of Fiscal Year '89 Alabama residents will not experience disease or adverse health effects from substances associated with these systems.

Activities in Fiscal Year '86 included:

Onsite Sewage Disposal Systems

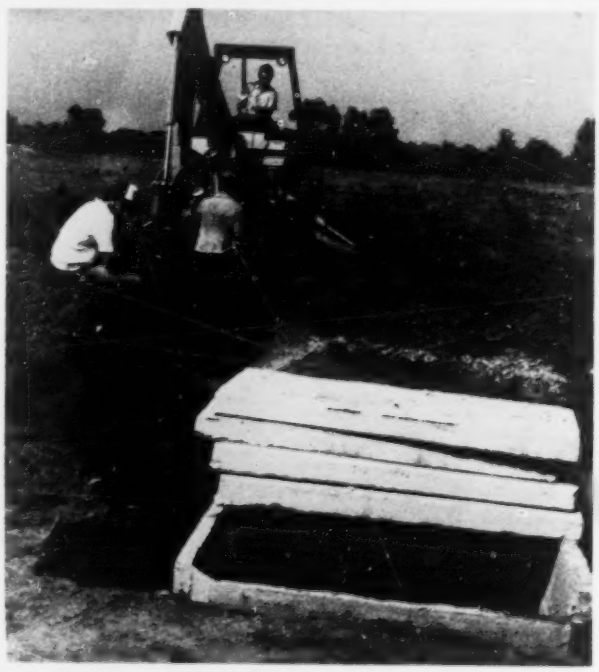
28,644 Sewage disposal plans reviewed by public health environmentalists for new individual lots, schools, public buildings, subdivisions, septic tanks, grease traps, privies, and aerobic and alternative sewage systems
27,515 Homeowners and public and private business owners supplied with technical assistance and inspection services for their onsite sewage disposal systems
2,112 Enforcement actions taken to bring onsite sewage disposal systems into compliance with public health rules
71,400 Office and field visits made by public health environmentalists to septic tanks and sewage disposal systems

Subdivisions

1,100 Preliminary and final subdivision submittals received and reviewed for compliance with public health rules
345 Subdivisions given final approval to utilize onsite sewage disposal systems (Ninety-seven percent of subdivisions were submitted in compliance with rules.)
4,884 Subdivision lots utilizing onsite sewage disposal approved

School and Public Buildings Sanitation Program

291 Schematic preliminary and final plans reviewed for school and public building projects to verify compliance with public health rules (Ninety-three percent of onsite schools had properly functioning onsite sewage systems.)
105 School and public building projects given final approval



Septic Tank Manufacturers

70 Manufacturers of septic tanks issued permits (Ninety-six percent of septic tank manufacturers were in compliance with public health rules.)

Sewage Tank Cleaners/Pumpers

225 Sewage tank cleaners/pumpers issued permits by local health departments (Eighty-nine percent of these businesses were in compliance with rules.)

Training

324 Public health environmentalists, public health program supervisors, engineers, surveyors, and developers provided technical training in individual and subdivision onsite sewage disposal at 20 workshops throughout the state

Vector Control Section

PROGRAM GOALS: To provide technical advice and consultation on the control of rats, mosquitoes, flies, and other vectors of public health importance so that Alabama residents will be at minimal risk from such disease carriers.

Activities in Calendar Year '86 included:

Avian Arbovirus Study

294 Samples of blood extracted from avian flocks statewide analyzed for encephalitides

21 Selected locations in as many counties served as sampling sites for the arbovirus study

18 Samples found to be positive for one or more of the encephalitides

Bird Complaints

9 Roosting sites were selected for "time persistent harassment" where the branch either participated or supplied equipment

4 Other roosting sites investigated without further action being necessary

Mosquito Surveys

11 Complaints investigated in as many counties regarding bites from large concentrations of mosquitoes

23 Counties surveyed for locations that might harbor the Asian "Tiger" mosquito

2 Locations (one each in Cullman and Colbert counties) determined to have the "Tiger" mosquito present during the statewide survey

Flies

15 Fly complaints investigated in 11 counties and actions taken to reduce the population of the vector

Bats

7 Onsite visits made to structures inhibited by bats and assistance given in ridding the buildings of the problem

Ticks

1 Complaint on a seed tick infestation investigated in Autauga County

Rats

1 Site in Autauga County surveyed and the rat population drastically reduced

Training

1 Pest conference held in Shelby County

1 Course presented by the CDC in New Orleans attended by a staff member of the branch and staff from Area Health Offices in Areas 1, 2, and 6

Open Dumps

1 Complaint on a tire dump harboring mosquitoes and rats investigated in Blount County

Inspection Branch

Food Section

PROGRAM GOALS: To regulate and enhance the quality of food offered to the public through inspection and training activities.

Food Section duties reorganized

A major change in the handling of the Food Section's duties occurred in December 1986 when Dr. Fox approved the decentralization of components of the Food Program effective January 1987. Training courses providing for industry, routine food processing inspections, and permit issuance all will be decentralized. Food program evaluations will be retained at state level and will be conducted at a frequency of approximately every 14 months. These evaluations will be on an area level initially; thereafter, they will be alternated between area and county in consecutive years. The Inspection Branch will continue to provide technical assistance and consultative services to the area staff.

Inspections and training activities in Fiscal Year '86 included:

Retail Food Establishments

8,960 Establishments issued permits

40,900 Inspections conducted at these establishments as required in Food Rules

24 Surveys conducted in individual counties

1,153 Summer feeding inspections conducted at the sites where food was served to qualified recipients

Retail Food Stores

2,856 Establishments issued permits

11,128 Inspections conducted at these establishments as required in Retail Food Rules

School Food Service

1,279 Establishments issued permits

9,184 Inspections conducted at these establishments as required in Food Rules

12 Surveys conducted at schools in individual counties within areas

Retail Frozen Desserts

1,922 Establishments issued permits

9,510 Samples collected statewide

72 Percent compliance (calculated on statewide basis)

Food Processing Establishments

271 Establishments issued permits

1,080 Inspections conducted at these establishments as required in Food Processing Rules

Seafood

63 Oyster plant establishments issued permits

326 Inspections conducted at oyster plants as required in Oyster Processing Rules

93 Shellstock samples collected from oyster-growing waters and oyster-shucking plants

184 Bay water samples collected from oyster-growing waters

23 Crab meat plant establishments issued permits

76 Inspections conducted at crab meat plants according to Crab Meat Rules

25 Samples collected at random from crab meat-packing plants

Training Activities

29 Statewide workshops with a total of 1,155 participants

Lodging Section

PROGRAM GOALS: To provide inspection and training activities that will reduce public health hazards in public lodging facilities.

Lodging program decentralized

Decentralization of the Lodging Program was approved by Dr. Fox in December 1986 to be implemented in January 1987. Routine prison inspections; record keeping systems for hotels, motels, and jails; and issuance of permits to hotels and motels will be decentralized. Program evaluations will be retained at the state level and will be conducted at a frequency of approximately every 14 months on a public health area level.

Inspection and training activities in Fiscal Year '86 included:

Jails

1,322 Inspections conducted by county health departments of the 250 county and city jails

Prisons

259 Inspections conducted at the 30 state detention facilities (These include food service, lodging, warehousing and processing facilities serving approximately 11,471 inmates.)

2 Food training courses conducted (These were a food management course for 17 stewards of the northern region and a food course for 49 inmates at Draper.)

1 New prison completed

2 650-man facility plans received for review

1 Food service survey of State Prisons (Survey score was 92.)

Hotels and Motels

1,586 Inspections conducted by county and state personnel

600 Hotels/motels issued permits

Camps

155 Camp inspections conducted by county health department personnel

1 Resident and Day Camp Rules adopted in December 1985

Milk Section

PROGRAM GOALS: To ensure that milk produced and processed in Alabama is safe for human consumption through various inspection programs.

New equipment assures better milk quality

The addition of the Grade B Program and the continuous upgrading of Grade A dairies, milk processing plants, frozen dessert manufacturers, single-service container plants, and cheese plants have brought numerous improvements to all. New High Temperature Short Time Systems (HTST), HTST plate replacements, dual stem flow diversion valves, flow piping arrangements, identification of product and cleaning circuits, and the lowering of Direct Microscopic Somatic Cell Counts (DMSCC) are some of the major changes that will assure a better milk quality for the state.

Activities in Fiscal Year '86 included:

Milk Production

411 Dairies issued permits under Alabama State Milk Rules for Grade A dairies (This number may be affected by the Federal Buy-Out Program established July 1985. Several dairies are continuing operations until August 1986. Also,

plans are continually being reviewed for new dairies.)

33 Dairies issued permits under Alabama State Milk Rules adopted July 1986, for Grade B Dairies

235 Bulk milk tank trucks, drivers tested and issued permits under State Rules (Of drivers tested, 100 percent qualified to take milk samples from dairy farm supplies.)

22 Farm equipment tests (These included testing of vacuum equipment using the Levograph and the onsite inspections of such equipment.)

11 Dairy herd tests (California Mastitis Tests) (These included quarter testing of individual cows in whole herds, screening test for mastitis in individual cows, bulk tank milk, and other blended supplies. Rules lowering the DMSCC counts from 1,500,000 to 1,000,000 were established in August of 1986.)

1,826 Onsite inspections of Grade A dairy farms throughout the state (An average score of 94.2 was attained.)

49 Inspections of Grade B dairies (Inspections begun in June of 1986; field visits to upgrade these dairies began in April. Since that time, an average rating of 81.4 has been maintained.)

4,811 Raw milk samples collected from dairy farm bulk tanks, tank trucks, and plant-commingled bulk tanks

Milk Processing

38 Plants issued permits for processing of Grade A and nongraded milk products under State Rules (Permits included ice cream plants, cheese plants, container plants, and milk sheds.)

254 Pasteurization equipment tests (These included testing of old and new equipment to meet requirements established by state rules; also included retesting because of changes in equipment.)

278 Processing plant inspections (These included ice cream, cheese, and single-service container plants; an average inspection score of 91.62 was attained.)

4,296 Processed milk samples collected (Samples collected from onsite plant coolers, delivery trucks, distribution stations, and retail food outlets. These included pasteurized milk, mixes, frozen desserts and empty containers.)

Notices, Plans, Surveys, and Other Inspections

74 Legal notices issued (These included plants and dairies. Notices were issued for violation of milk quality standards and maintenance/cleaning of equipment and sites.)

52 Plans reviewed (These included plans for new dairies and plants as well as remodeling and upgrading of existing facilities.)

25 Milk sanitation surveys (These included surveys, check ratings, and audits made by Food and Drug Administration inspectors and state personnel authorized by the same. Of 80 percent of the total number of dairies and plants inspected in the state, a compliance rating of 91 was established.)

137 Other inspections (These included distribution stations, bulk milk haulers, tank trucks, abnormal milk supplies, and delivery trucks.)

499 Water samples from dairy facilities (These included public and private water supplies from both dairy farms and processing plants.)

Radiological Health Branch

PROGRAM GOALS: To reduce unnecessary or avoidable exposure of persons to X-ray radiation, thereby protecting the public health and safety.

The Radiological Health Branch reviews and approves applications for use of radioactive materials, particle accelerators, and industrial X-rays and inspects these users as well as reviews the total radiation exposure record of each facility inspected. It also registers and inspects users of medical, dental and veterinary X-ray equipment. It prepares and maintains the Alabama Radiological Emergency Plan. It develops procedures, training, exercises, and testing programs for radiological emergency response and conducts routine monitoring in the vicinity of nuclear power plants. In addition it investigates complaints, reported over-exposure, and emergency incidents involving radiation.

Activities in Fiscal Year '86 included:

X-Ray Control

1,702 Inspections of 4,974 X-ray tubes located in 2,372 facilities (14.2 percent of the facilities remained overdue for inspection on December 31, 1986. Without proration the overdue percentage would be between 9-12 percent.)

Radioactive Material Control

266 Inspections of 427 specific licenses and 450 general licenses (Zero percent were overdue December 31, 1986. These are also the inspections for 26 particle accelerators.)

365 Licensing actions issued during 1986

Emergency Planning and Environmental Monitoring

5 Full or partial tests and/or exercises of emergency plans for two nuclear power plants

Hearing Aid Dealer Board

PROGRAM GOALS: To protect users of hearing aids by seeing that persons who select, fit, and sell hearing aids demonstrate that they are qualified before they can be licensed.

The hearing aid dealers licensure law provides for the establishment of a Board of Hearing Aid Dealers. Members of the board are appointed by the Governor from a list of qualified persons nominated by the Alabama Hearing Aid Dealers Association, Incorporated. The board consists of five hearing aid dealers, one otolaryngologist, and one audiologist. Members must be residents of the state of Alabama, have no less than three years of experience, and hold a valid license as a hearing aid dealer as provided under the act.

Hearing aid license activity in Calendar Year '86

146 Regular licenses issued or renewed
112 Temporary permits issued or renewed
25 Passed examination
5 Failed examination

Division of Licensure and Certification

Certification Branch
Licensure Branch

PRIMARY GOALS: To determine the eligibility of health care providers for Medicare/Medicaid program certification; to issue licenses for the operation of health care institutions; and to promulgate regulations establishing minimum standards that ensure safe and efficient health care facilities and quality patient care.

During 1986, licenses were issued and Medicare/Medicaid certifications processed for the following categories of providers:

Providers	Licensing Number	Licensing Beds	Medicare/Medicaid Certification	Medicare/Medicaid Beds
Hospitals	137	21,474	139	21,431
Nursing Homes				
Skilled	197	21,020	190	20,189
Non-Skilled	19	1,191	18	1,164
Intermediate Care/ Mental Retardation	—	—	8	1,402
Domiciliaries	122	2,487	—	—
Abortion Clinics	9	—	—	—
Ambulatory Surgical Centers	14	—	18	—
Cerebral Palsy Centers	2	99	—	—
End Stage Renal Dialysis	29	—	31	—
Health Maintenance Organizations	15	—	—	—
Home Health Agencies	—	—	125	—
Hospices	—	—	6	—
Independent Clinical Labs	99	—	74	—
Independent Physical Therapists	—	—	62	—
Maternity Homes	3	66	—	—
Portable X-Rays	—	—	3	—
Rehabilitation Centers	13	100	11	100
Rural Health Clinics	7	—	7	—
Total	645	46,513	578	44,286

Each type of provider must be relicensed and/or recertified, as indicated, each year.

This represented a slight increase in total number of facilities and a slight decrease in the number of total beds

over 1985. A total of 55 changes of ownership were processed.

Domiciliary Program participation increases

The Domiciliary Program has experienced tremendous growth over the past year with anticipation that this growth will continue. The number of licensed domiciliaries in Calendar Year '86 increased from 97 to 122 (20 percent). The corresponding increase of licensed beds for the same period was from 2,019 to 2,487 (19 percent). Additionally, 35 facilities are undergoing construction/renovation for participation in this program.

Health maintenance organizations continue growth

1986 was a year of continued growth and development in the health maintenance organization (HMO) program in Alabama. By December of 1986, 15 health maintenance organizations, with approximately 140,000 enrollees, were licensed by the State Board of Health to operate in Alabama. Their service area covered 48 counties and employed or contracted with over 1,000 providers.

On May 29, 1986, Governor George C. Wallace signed Act 86-471 which provides for the joint regulation of health maintenance organizations by the State Health Officer, who is charged with overseeing HMO health delivery operations, and the Insurance Commissioner, who is charged with overseeing HMO finanacial operations.

In the summer of 1986, the Division of Licensure and Certification, in consultation with the HMO Advisory Committee, began work on new rules for health maintenance organizations, the proposed rules to be adopted early in 1987. These rules are more comprehensive than the existing rules, more applicable to the diversity and complexity which exists in the HMO industry today, and more capable of providing for a high level of care delivered by health maintenance organizations.

Field Services Branch

PROGRAM GOALS: To ensure quality, cost-efficient care by assessing health care providers for compliance with applicable licensure rules and federal regulations and by providing staff development training for both division and health care facility personnel.

More emphasis placed on assessing direct patient care

Calendar Year '86 proved to be a year of change for the Field Services Branch. During this time the Health Care Financing Administration (HCFA), Department of Health and Human Services, developed the new long-term care survey procedure to be used in surveying nursing homes. This new procedure focuses more attention on assessing direct patient care and places less emphasis on paperwork compliance. The Field Services Branch implemented the new survey procedure August 1, 1986.

Since this new method encompassed a major change, the branch conducted four statewide workshops to educate the nursing home industry with the new procedure. The workshops attracted approximately 1,200 nursing home personnel from across the state, achieving one of the division's highest workshop attendances.

The new survey procedure was evaluated by branch staff and forwarded to HCFA for their consideration.

The new procedure mandates that additional time be spent in nursing homes and requires additional branch personnel; therefore, the division has increased its recruitment efforts to employ additional registered nurses.

On-site field work conducted in 1986

431 Licensure Inspections
546 Certification Surveys
294 Follow-Up Reviews
94 Consultation Visits
241 Complaint Investigations

Plans and Construction Branch

PROGRAM GOALS: To enforce building regulations established as part of the licensing requirements for health care facilities and to ensure compliance with the Life Safety Code provisions of the National Fire Protection Association.

In addition to its regulatory activities conducted in 1986, the Plans and Construction Branch increased its efforts to serve the Department of Public Health when construction, renovation, or maintenance was required in county health department buildings, the State Clinical Laboratories, and other buildings occupied by the health department. Architectural and engineering review services to the State Health Planning Agency were again accomplished in 1986. Long range plans were reviewed in conjunction with the first state plans on health care facilities.

PROJECTS WITH PLANNING INITIATED IN 1986

	Projects	New Beds	Replacement Beds	ESRD Stations
Hospitals	51	194		
Nursing Homes	5	154	10	
End Stage Renal Disease Centers	9			59
Domiciliaries/Institutional	8	476		
Domiciliaries/Small Group	24	281		
Ambulatory Surgical Center	4			
Rehabilitation Center	1			
Abortion Centers	2			

Project figures do not include projects which were for equipment only.

Life Safety Code Inspections	280
Follow-up Inspections	175
Construction Inspections	130

Bureau of Personal Health Services

Division of Disease Control

Epidemiology Branch

PROGRAM GOALS: To monitor and investigate the incidence, prevalence, and outcome of communicable and chronic diseases, perinatal events, environmental and occupational health hazards, and mortality trends; and to provide leadership and technical expertise in the analysis of causes of the above categories and in the development, implementation, and assessment of control strategies designed to lessen the morbidity and mortality associated with them.

Office reorganization

Reorganization affected the epidemiology office in 1986, as it did much of the Department of Public Health. The former Bureau of Epidemiology and Consultation became the Epidemiology Branch within the Division of Disease Control. Two major areas of activities, the AIDS program and zoonotic disease issues, were delegated to the Sexually Transmitted Diseases Branch and the newly formed Rabies and Zoonotic Disease Branch, respectively. Infectious disease and environmental epidemiology remained under the purview of the Epidemiology Branch. It addition, responsibility for the refugee health program was transferred to this office.

Surveillance shows new trends in disease occurrence

Surveillance, the continuous monitoring of the occurrence of diseases, is an important daily function of the branch. Through reports of cases of the designated notifiable diseases, cumulative data portray evolving trends in the incidences of these diseases.

Annual frequencies for Calendar Year '86 and the preceding 10 years are listed in Table 4-1. Some trends are reassuring (such as the apparent decline of hepatitis A cases) and others disturbing (such as the apparent rise of mumps cases). Case frequencies by county in 1986 are shown in Table 4-2.

In-depth investigations of disease outbreaks conducted

Several in-depth field epidemiologic investigations were conducted by county and/or state personnel this past year. Investigated were outbreaks of shigellosis among residents on a local, non-municipal water system; gastrointestinal illness among nearly half the residents of a boarding school; and diarrhea among a group of raw oyster eaters. Also investigated were a cluster of hepatitis B cases among members of an extended family and the acute health effects among users of a municipal water supply inadvertently contaminated with alkali.

Branch begins refugee health screenings

The refugee health program grant is now centrally administered through this office. Incoming refugees during 1986 numbered 290, and all were given extensive health screenings by county health departments and entered into systems of follow-up health care.

1987 plans include adding toll-free service number

Plans for 1987 involve the computerization of the notifiable disease surveillance system, an expansion in the readership of the monthly Epidemiology Branch newsletter, and the acquisition of a toll-free telephone number to facilitate reporting of cases and requests for consultation by health-care providers. With these and other changes, it is hoped that the Epidemiology Branch will be better able to

fulfill its goal of helping to identify the distribution and determinants of diseases and health conditions of public health importance in Alabama.

Hypertension/Diabetes Branch

PROGRAM GOALS: To reduce the mortality rate from stroke by three percent in each year in Alabama or nine percent over three years, and to initially reduce diabetic eye complications leading to blindness and improve blood pressure control of diabetics with coexisting hypertension, thereby decreasing mortality in a demonstration project.

Reduction of cardiovascular disease requires continued efforts

Major cardiovascular diseases account for nearly half of all deaths in Alabama. Heart disease in 1985 accounted for 13,048 deaths and cerebrovascular diseases, 3,304 deaths. Both causes of death have been falling since the early seventies in Alabama and nationwide, but the largest decline, 40 percent, has been in strokes. The major cause of strokes is hypertension disease. A significant challenge in public health is to control high blood pressure in the medically indigent population and to decrease the number of medically indigent who become hospital inpatients at critical stages of the disease.

Grant provided for diabetes control program

During the second half of Fiscal Year '86, the Hypertension Division became the Hypertension/Diabetes Branch. The program also received notice of grant funding from the Centers for Disease Control for a state-based diabetes control program. The focus of this agreement is to prevent blindness and complications from coexsisting diabetes and hypertension through a demonstration project in Mobile with possible future expansion statewide. The

TABLE 4-1
CASES OF COMMUNICABLE DISEASES
1976-1986

Diseases	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986
Amebiasis	4	1	5	2	7	4	4	5	11	6	10
Brucellosis	3	2	3	3	6	4	5	5	4	2	2
Campylobacterosis					24	61	56	109	99	109	196
Diphtheria											
Encephalitis	87	12	16	28	12	23	18	25	26	15	31
Giardiasis							435	713	1,277	1,351	1,183
Gonorrhea	25,026	24,936	25,082	26,012	24,464	25,178	25,092	23,126	23,376	23,717	21,055
Hepatitis, A	218	212	224	267	237	155	128	183	127	52	70
Hepatitis, B	221	175	168	236	273	289	381	424	464	487	576
Hepatitis, Unspec.	35	74	57	120	138	78	57	49	35	15	15
Hep., Non A, Non B						32	63	76	70	76	69
Histoplasmosis				50	21	72	131	104	81	55	77
Legionellosis		13	13	10	10	7	9	5	19	5	9
Leptospirosis	2	5	1	2	1	1	2	2	1	1	
Malaria	2	6	2	6	8	10	2	7	8	6	10
Measles		79	102	129	22	2	2	5	3		2
Meningitis, Aseptic	136	183	148	289	537	326	321	445	238	303	377
Meningococcal Men.	40	61	52	41	58	68	56	50	36	28	41
Mumps	368	400	437	28	36	19	10	2	6	2	4
Pertussis	6	4	3	4	3		5	5	2	30	25
Psittacosis		1		2	2		1				2
Poliomyelitis											
Rabies in Animals	18	13	53	73	56	123	146	85	130	124	117
Reye Syndrome	3	2	5	7	10	14	10	5	5	3	4
Rocky Mt. Spotted Fev.	15	20	13	21	18	24	19	24	15	16	25
Rubella	2	110	25	44	3	1		1	3		
Salmonellosis	382	425	486	474	534	603	543	737	477	740	733
Shigellosis	114	125	246	121	157	61	84	105	76	153	51
Smallpox											
Syphilis	432	350	421	577	893	1,062	1,510	1,528	1,382	1,375	1,165
Tetanus	2	3		5	4	2	6	3	2	2	3
Tuberculosis	824	704	672	644	665	640	631	523	565	531	601
Tularemia		1	1		2						1
Typhoid Fever	1	1	3	8	4	5	10	2	2	2	1
Typhus, Murine			1				1				

TABLE 4-2
DISEASES REPORTED BY COUNTIES

ANNUAL YEAR 1986	Central Nervous System: Encephalitis	Central Nervous System: Viral Meningitis	Central Nervous System: Hemophilus Meningitis + +	Central Nervous System: Meningococcal Meningitis*	Syphilis	Gonorrhea	Hepatitis, Viral: Type A	Hepatitis, Viral: Type B	Hepatitis, Viral: Type Non A Non B ***	Hepatitis, Viral: Type Unspecified	Histoplasmosis + +	Legionellosis + +	Measles (Rubeola)	Pertussis (Whooping Cough)	Rocky Mtn Spotted Fever	Rubella (German Measles)	Salmonella	Shigella	Campylobacter +	Giardia **	Tetanus	Tuberculosis	Rabies in Animals
Mean, last 10 yrs.	18	293	107	49	953	24600	180	312	63	66	73	9	34	6	19	19	540	124	76	1312	3	640	82
State, year to date	31	377	125	41	1165	21059	70	576	69	15	77	9	2	25	25	-0-	733	51	196	1183	3	601	117
AREA #1																							
Colbert	2	4	2		2	180		8	2								11	6	3	51		3	1
Cullman	1	2		1	3	76		1	1					5			9			5		7	
Franklin	1	1		1		16		7	1								1					2	
Jackson	1	1	2	1	2	9		3	1						2		4			7		11	2
Lauderdale	1	11	1		2	147	3	9	5	2	3						4	1	1	8		20	
Lawrence		1			3	78		2	1								1			7	1	5	1
Limestone		1	1		4	93		1	1					1			2			6		9	1
Madison		11	3	2	17	1843	1	32	1		3			1	2		39	2	13	10		47	8
Marion			1		2	14	4	2												4		5	1
Marshall	1	8		4	2	36	1	13		1		1			1				2	1		7	
Morgan		3	5	2		312	2	9	1		1			6	2		26	2	1	28		10	
Winston		5	1	1		3		1	1								1			1		1	
AREA #2																							
Bibb						40													1			2	
Fayette	1	2			1	6		1									1					3	
Greene						109																4	
Lamar						4		2														2	
Pickens		2			3	50		2							2		1		3			6	
Tuscaloosa			6	1	16	1107	1	7			14		1				11	1		2		23	
AREA #3																							
Blount	1	1	1		1	21	3	2	1								2		4	4		4	
Chilton	2	1	1			70		1	1												1	4	
Jefferson	2	141	35	7	241	5243	8	47	31	1	8	2	1	3	2		231	25	25	64		109	
St. Clair	2	3	5		6	62	3	5									2	1		13		12	
Shelby	1	7	5		2	178		2	1								2		2	9		7	2
Walker		8	3	1	4	98	3	1							2		6		6	11		1	1
AREA #4																							
Calhoun		1	3		18	483	2	12							3		17	1	12	18		25	12
Chambers	1		1		9	143		6		1							8			1		3	9
Cherokee			1			13		1	2						1							6	
Clay		5	1		2	22		3							1				1			2	1
Cleburne		1			1	9		1												3			
Coosa		2	1		1	36	1								2		1			1		3	1
DeKalb		1			2	45									1		4		1			9	
Etowah	3	28	1	1	12	339	2	10	1	3	1	2					10	2	3	9		25	6
Randolph					1	43	2	1									1					10	2
Talladega		9	2		21	311		6		1							1					8	2
Tallapoosa		1	1		13	69		3									1			63		4	5
AREA #5																							
Autauga		1		1	17	52		1			5			1			2			7		2	
Barbour					5	64		1												12			4
Bullock			1		11	87		1												1		1	3
Butler			1		1	50		2												4		2	
Coffee		4		1	7	90	2	1	1								3	2	1	4		5	4
Covington			2		2	132		1	1											23		5	2
Crenshaw					1	46		1												1		1	7
Dale		1		1		113		3									6		2	3		4	3
Elmore			1	1	15	77	2	10									1			7		4	
Geneva		1			2	17		2												24			7
Henry		2			5	36		1				1					3			8		1	3
Houston	1	4	2	1	21	417	1	13	1		2						22			26		10	6
Lee		1	1	1	12	382		9	1		1						4		9	53		15	8
Lowndes						131														7		3	
Macon		1			20	128				1										1		5	2
Montgomery		3	9	4	162	2508		41	3	1	26	1		2	1		69	4	4	66		34	5
Pike			7		5	145											8			12		1	1
Russell			1		9	191	1	3									9		1	4		2	
AREA #6																							
Baldwin	1	9			16	151	5	7	1								4		2	65		8	1
Choctaw		1	2	1	7	30											2					4	
Clarke	1					70		1									3			3		3	
Conecuh			1		7	90		8									14	2		1			3
Dallas		1	2		29	680			1											22		15	
Escambia			1	1	36	110		2	1											20		1	1
Hale					3	108		2				1								1			
Marengo		1			10	43																3	
Mobile	7	85	10	7	358	3473	23	261	7	3	7	1		4	3		157	2	99	490	1	40	2
Monroe					5	49		2		1							3			9		3	
Perry					3	38																3	
Sumter					1	60					1											4	
Washington	1	1				39		3											2	4		1	
Wilcox			1		7	139											1			6		2	

Important Disease of low frequency, State

AIDS.....32 Kawasaki...13 Malaria.....10 Reye Syndrome..... 4
Amebiasis.....10 Leprosy.... 1 Mumps..... 4 Toxic Shock Syndrome... 5
Brucellosis... 2 Listeria... 3 Psittacosis... 2 Tularemia..... 1

** 2-year mean
*** 5-year mean
+ 6-year mean
+ + 7-year mean

*Includes Meningococcemia

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program began accepting patients just prior to the end of the fiscal year, so no data will be reported until 1987.

Statewide Hypertension Activity (All County Units)

29,759	Unduplicated screenings (persons served)
7,467	Elevated pressures (25%)
4,477	Referrals for further evaluation (60%)
35,749	Repeat blood pressures
93,822	Total blood pressure visits

It is less expensive to treat hypertension for 20 years than to pay the cost of one critical cardiovascular event. Treatment for one critical cardiovascular patient can cost 13 times the cost of treatment for one hypertension patient.

New estimates of hypertensives in Alabama, using the 140 systolic/90 diastolic threshold, yield 234,227 medically indigent, uncontrolled hypertensives.

Therapy Clinics (10 Counties)

15,774	Unduplicated screenings
3,375	Elevations (21%)
3,283	Referrals (97%)
658	Newly detected
2,493	Therapy patients
17,708	Therapy visits
12,747	Controlled visits (72%)
47,014	Total contacts

Other activities include professional and public education

Other hypertension program activities included the annual statewide hypertension conference (Birmingham), key participation in the planning of Cardiovascular Update, and a workshop titled "Making the Media Work For You." Television and public service announcements were distributed through the office network to all TV stations statewide in the fall and in the spring. The program also participated in a National Institute of Health (NIH) comparison study which paired our state with Georgia.

Expansion planned for 1987

Goals set for Fiscal Year '87 will expand program therapy services into 12-15 new counties and more than double program coverage to one-third of the state

Immunization Branch

PROGRAM GOALS: To reach zero morbidity from vaccine-preventable diseases in Alabama residents of all ages, and to ensure proper vaccine storage and handling to maintain a less than one percent loss of the total cost of vaccine supplies yearly to county health departments.

Vaccine-preventable diseases remain at all-time low

Occurrence of vaccine-preventable diseases in Alabama remains close to an all-time low which occurred in 1985. Table 5-1 compares 1986 disease incidence with the disease incidence over the four preceding years.

The continued high level of pertussis morbidity in Alabama—25 cases in 1986 as well as the high level in the United States as a whole—is probably the result of several interrelated factors surrounding the controversy regarding the reaction rates obvserved from the pertussis component of the diphtheria, tetanus, pertussis (DTP) vaccine.

Activities are now under way and are expected to lead to the licensure of a new, less reactionary acellular pertussis vaccine in the United States.

Solutions sought to vaccine injury and supply problems

The U.S. immunization effort, the quintessence of preventive medicine, has been successful, but vaccine-injury liability cases seeking multi-million dollar awards have driven liability insurance up for manufacturers, forcing many out of business and resulting in increased vaccine costs. The cost for one child to receive the series of immunizations necessary for full protection from the seven major vaccine-preventable diseases rose from $6.50 in 1982 to $29.50 in 1986, an increase of 277 percent.

Because of the limited number of vaccine manufacturers, the amount of DTP; polio; measles, mumps, rubella (MMP); and tetanus, diphtheria (Td) vaccine on hand in Alabama at any given time remains constantly limited and requires additional administrative time to ensure adequate supplies to the immunization clinic facilities.

The United States Congress recently passed the "National Childhood Vaccine Injury Act of 1986" which creates a national vaccine program to coordinate federal research, licensing, and distribution of both federal and non-federal vaccines; also created is a national advisory board to assist in ensuring a continued safe and effective supply of vaccine and to provide payments to the families who suffer vaccine-related injuries or death as a result of receiving vaccines generally required by state law. It is anticipated that this legislation will help, in part, to tackle the vaccine liability issue by providing more vaccine availability through encouraging more manufacturers to re-enter the market; such action will hopefully reduce and stabilize childhood vaccine prices.

School immunization programs strive to continue success

Table 5-2 reflects vaccine usage levels for 1986. Overall vaccine administration has dropped during the past 10 years, possibly indicating success in reaching pools of susceptibles among older groups.

The Immunization Branch goal is to reach a position whereby 90 percent of all preschool children receive their basic immunization series of DTP, polio, and at least one dose of MMR. Currently this goal has been reached among approximately 45,000 Alabama children attending licensed day care centers, but when considering all preschool children the protection level is approximately 80 percent. The 90 percent goal will be hard to reach and maintain and will only be reached and maintained with good immunization record systems (often referred to as tracking and recall systems) in both the public and private medical sector.

The comparative results of the 1986 kindergarten through 12th Grade School Immunization Survey are found in Table 5-3. The overall 98.59 percent-protected levels account for the fact that no cases of vaccine-preventable diseases have occurred in the school setting for eight years.

Efforts to encourage medical facilities, colleges, and universities to adopt immunization policies and requirements for staff and students continued.

New program to meet adult vaccination needs

A substantial number of deaths and serious illnesses now resulting from vaccine-preventable diseases occur in Alabama's adult population. The Alabama Department of Public Health is in the early stages of development of a specially focused adult immunization program including the vaccine-preventable diseases of influenza, pneumococcal disease, hepatitis B, rubella, measles, tetanus, and diphtheria that needlessly continue to claim victims among adults, in some cases proving fatal.

TABLE 5-2
VACCINE ADMINISTRATION PUBLIC HEALTH
1986

Diphtheria	176,922
Tetanus	176,922
Pertussis	154,328
Polio	142,129
Measles	37,389
Rubella	37,258
Mumps	35,819

TABLE 5-3
SCHOOL ENTRANCE IMMUNIZATION SURVEY
KINDERGARTEN-12TH GRADE
PUBLIC AND PRIVATE
1986-1987

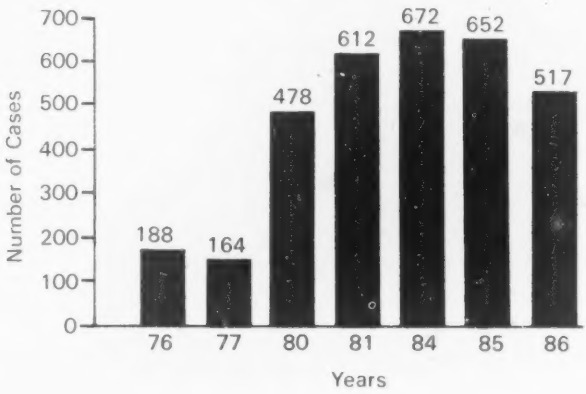
Public Health Area	Total Schools	Total Enrolled	Total IMM-50	Total Percent K-12th With IMM-50
1	640	153,499	151,443	98.66
2	143	42,389	42,029	99.15
3	213	46,866	45,632	97.37
Jefferson Co	388	118,061	116,048	98.29
3 (Total)	601	164,927	161,680	98.03
4	363	99,169	98,437	99.26
5	469	159,796	156,808	98.13
6	502	126,449	125,343	99.13
State Total	2,718	746,229	735,740	98.59

TABLE 5-1
STATE OF ALABAMA
CASES OF SPECIFIED NOTIFIABLE DISEASES
1982-1986

	1982	1983	1984	1985	1986
Diphtheria	0	0	0	0	0
Pertussis	5	5	2	30	25
Tetanus	6	3	2	1	3
Measles	2	5	3	0	2
Mumps	10	2	6	0	4
Rubella	0	1	3	0	0
Rubella (CRS)	0	0	0	0	0
Polio	0	0	0	0	0
Total	23	16	16	31	34

Alabama Department of Public Health, Division of Disease Control, Epidemiology Branch

GRAPH 6-1
ALABAMA
PRIMARY & SECONDARY SYPHILIS



Sexually Transmitted Diseases Branch

PROGRAM GOALS: To reduce incidences of sexually transmitted diseases (STD) to a controllable level, with reduction schedules including a 17.2 percent decrease of primary and secondary syphilis case rates and a 22.9 percent decrease of gonorrhea case rates by the end of Fiscal Year '89.

Alabama records high STD rates

Sexually transmitted disease rates are significantly higher in Alabama than the national average. In 1985 the primary and secondary syphilis rate was 15.6 per 100,000 population in Alabama and 11.5 nationally. To bring this figure down, provision of public education and treatment of STD's and follow-ups on sexual contacts must be increased.

Significant STD trends recorded

During Calendar Year '86, Alabama reported 517 primary and secondary syphilis cases, which is a 20.7 percent decrease from the 652 cases reported in Calendar Year '85. Early latent syphilis morbidity decreased by 15.2 percent in 1986 from 486 cases in 1985 to 412 cases in 1986. Total reported syphilis morbidity declined from 1,370 cases reported during 1985 to 1,161 cases reported during 1986, which represents a 15.3 percent decrease.

Resistant gonorrhea cases increased from 105 reported cases in 1985 to 132 reported cases in 1986. This overall incline in resistant gonorrhea is a result of an 11.0 percent increase in pencillinase-producing *Neisseria gonorrhoeae* cases and a 121.4 percent increase in other resistant gonorrhea cases.

Sexually Transmitted Disease Morbidity Calendar Year '86

Syphilis	Cases	Case Rates*
Primary and Secondary	517	12.4
Early Latent	412	9.9
Late Latent	227	5.4
Congenital	5	8.4**
Total Cases	1,161	28.3

Gonorrhea	Cases	Case Rates*
Resistant Gonorrhea	132	3.2
Uncomplicated Gonorrhea	20,094	481.9
Gonococcal Pelvic Inflammatory Disease (GPID)	518	32.4***
Total Cases	20,744	497.4

*Case rates based on 100,000 population using 1986 estimates
**Congenital syphilis case rates based on 1986 total births in Alabama
***GPID case rates based on 1986 total female population estimates

Epidemiologic Activity

Syphilis
Number of Reactors Followed 2,408

Number of Reactors Examined 2,289
Number of Contacts Assigned 2,436
Number of Contacts Examined 2,091
Gonorrhea
Total Number of Females Screened for Gonorrhea 251,574
Total Number of Males Screened for Gonorrhea 29,521
Total Number Screened 281,095

AIDS presents growing problem

At the end of 1986, Alabama ranked 31st in the nation in reported AIDS cases. If AIDS cases continue to rise at the current rate, there will be between 1,000 and 1,500 cases in Alabama by 1991, at a cost to the public of approximately $50,000 per AIDS patient.

The issue of confidentiality of AIDS cases has inhibited the follow-up and contact investigations which are fundamental in the control of sexually transmitted diseases. Since a successful treatment of AIDS has not been found, educational and follow-up programs are needed to prevent the spread of this disease.

HTLV-III/HIV Infections (AIDS)

HTLV—III/HIV ALTERNATE TESTING SITES

Collection Sites	Number Counseled/ Tested	Number Counseled/ Not Tested	Number Positive	Percent Positive
Huntsville	199	1	16	8.0
Tuscaloosa	66	1	1	1.5
Birmingham	476	16	73	15.3
Montgomery	63	1	5	7.9
Mobile	188	2	21	11.2
Total	992	22	116	11.7

AIDS Cases January 1-December 31, 1986

32	Total Cases Reported in 1986
14	Dead
43.8%	Mortality

Tuberculosis Branch

PROGRAM GOALS: To prevent, treat, and control tuberculosis (TB) in Alabama by reducing the tuberculosis case rate by 15 percent by the end of Fiscal Year '89.

Southeast ranks highest in tuberculosis cases

Based on the latest provisional information from the Centers for Disease Control (CDC) in Atlanta, Alabama ranked eighth in the nation in new tuberculosis case rates. The southeastern United States (Public Health Service Region 4) continues to report more tuberculosis cases and have higher tuberculosis case rates per 100,000 population compared to any other region of the nation. The eight southeastern states continue to rank in the top 13 states in the nation having the highest tuberculosis rates.

Tuberculosis cases and hospital costs during 1986

There were 588 new cases of tuberculosis reported in Alabama during 1986. The total cases reported represent an approximate eight percent increase compared to the 544 cases reported in 1985. New tuberculosis case rates per 100,000 population increased by 11.5 percent, from 13.0 in 1985 to 14.5 in 1986.

Alabama Public Health Areas 2, 3, 4, and 5 recorded increases in the number of new tuberculosis cases reported during the year. Public Health Areas 1 and 6 reported slight decreases compared to the previous year. (Please see Table of Contents for location of Public Health Areas map.) Case rates by Alabama Public Health Areas are as follows:

Public Health Area	Case Rate Per 100,000 Population
1	15.1
2	26.5
3	14.1
4	17.7
5	11.8
6	11.4

In 1986, there were 29 counties in the state reporting increases in cases, 29 reporting decreases, and nine counties reporting no changes compared to 1985. Those counties reporting no new tuberculosis cases during the year included Barbour, Cleburne, Conecuh, Escambia, Geneva, and Hale. Randolph County, with 10 new cases reported, had the highest case rate in the state with a 48.7 rate per 100,000 population.

The number of new cases in the state continues to be about evenly divided between black (306) and white (282). However, case rates among blacks continue to be three times greater than that of the white population, 28.6 and 9.4 respectively.

In 1986 the eight contract hospitals recorded 164 admissions and 169 discharges. The average patient stay was 14.9 days. The average hospital cost per day was $502.51 and the state TB Program budget cost per day was $200.27.

Greatest problem in tuberculosis control addressed

Patient compliance in taking prescribed medication continues to be the greatest problem in tuberculosis control. To assist with this problem, increased emphasis has been placed on directly observed therapy.

In 1986 there were approximately 3,000 persons placed on preventive therapy in the state. This brings the total to approximately 141,606 since the beginning of the program in 1965.

Zoonotic Disease Branch

PROGRAM GOALS: To provide coordination and consultation to local health departments, health care providers, and the general public for a statewide rabies immunization and control program and consultation on animal diseases considered to be transmissible to man.

Increase in bat rabies cited in 1986

Since 1978, there has been a steady and alarming increase in the incidence of rabies in Alabama, particularly in wildlife. Rabies was diagnosed in animals from 33 counties of the state during 1986 and constitutes a serious threat to human beings, livestock, and pets.

During 1986, 117 cases of animal rabies were diagnosed by the Bureau of Clinical Laboratories. Annual totals have remained fairly constant during the past several years, but of particular interest during the past year has been a marked increase in the incidence of bat rabies in Public Health Area 4. This increase has occurred as an epizootic foci without apparent concurrent spread of infection from adjacent counties in the state of Georgia. This significant spread of rabies within the state was addressed by State Health Officer Claude Earl Fox, M.D., M.P.H., at a news conference on September 23, 1986.

Additional zoonotic diseases frequently encountered are brucellosis, tuberculosis, histoplasmosis, psittacosis, toxoplasmosis, leptospirosis, visceral larva migrans, and a wide variety of other infectious and parasitic diseases transmissible to man.

Rabies control activities increased

Rabies vaccination program activities have been increased statewide and media support has been utilized extensively to make the public aware of this service. Measures to control wildlife rabies have produced discouraging results throughout the nation and have not been attempted in Alabama. Program efforts have been

CHART 7-1

POSITIVE RABIES SPECIMENS
CALENDAR YEAR 1986

Raccoons	53
Bats	45
Foxes	8
Skunks	5
Cats	3
Dogs	2
Opossum	1
	117

directed at markedly increasing the number of pets and valuable livestock that are vaccinated for rabies; educating the public; and providing physicians, hospitals, and the public with a 24-hour hotline that is available and staffed seven days a week to provide consultation on rabies epidemiology.

Division of Family Health Services

Maternal and Child Health Branch

PROGRAM GOALS: To reduce the incidence of maternal and infant mortality and the incidence of handicapping conditions through improved access to quality prenatal care and the provision of quality comprehensive diagnostic and preventive child health maintenance programs for all infants and children, especially those born to low-income families.

Alabama continues to battle high infant mortality rate

When 1986 began, Alabama had been provisionally ranked as fifth in the nation in infant mortality. A major reason for the state's high infant mortality rate is the fact that Alabama's low-income women and children do not receive adequate health care.

The Maternal and Child Health Branch within the Division of Family Health Services provides programmatic and administrative support for public health clinics in the 67 counties and a variety of special projects. The Maternal and Child Health Program is targeted at women of childbearing age and children who are at or below 150 percent of the national level of poverty; however, monitoring the health status and needs of the general population is required in order to direct limited resources to areas of greatest need and to areas with the greatest potential for impact.

Maternal and Child Health Program

The Maternal and Child Health Program is administered by the Division of Family Health Services, and is funded by the Department of Health and Human Services and through state appropriations.

In Fiscal Year '86, the Maternal and Child Health Program, through local health departments, provided maternity services to 17,950 low-income pregnant women; child health services to 63,509 low-income children in Well Child clinics and 26,327 Medicaid-eligible in Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) clinics; and specialized services to another 8,000 infants, children, and or families through special Maternal and Child Health projects.

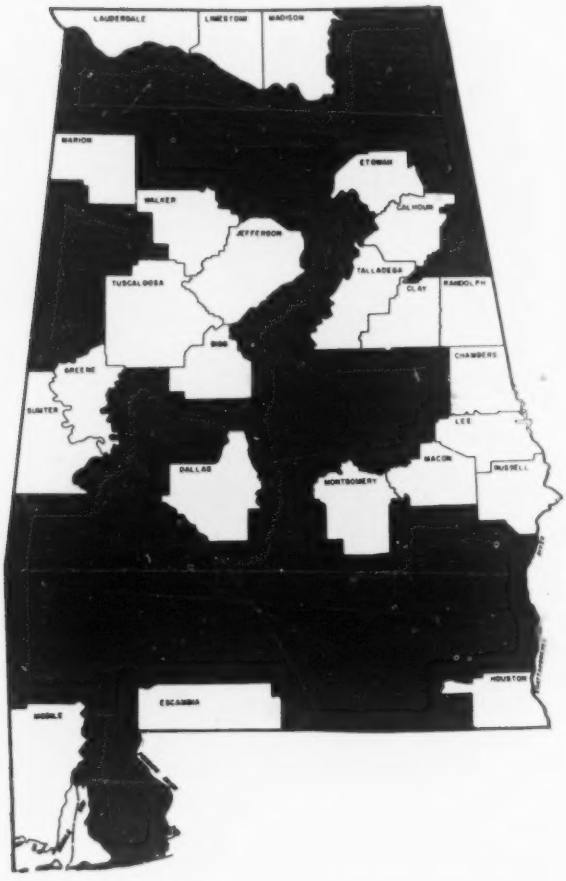
Perinatal Program

The Perinatal Program is administered by the Division of Family Health Services and is funded through appropriation from the State Special Education Trust Fund.

The goal of the Perinatal Program is to assure that pregnant women and their infants receive appropriate levels of care through the implementation of the comprehensive regionalized perinatal system.

Perinatal Program services are delivered through a variety of public and private providers. The program receives guidance from the State Perinatal Advisory Committee and six Regional Perinatal Advisory Committees.

CHART 8-1
COUNTIES WITH INADEQUATE PRENATAL CARE AND OBSTETRICAL SERVICES JULY 1, 1986



Specific program objectives for Fiscal Year '87 are:

1. To establish a minimum of one complications clinic in each public health area by 1988;
2. To develop a standardized system of subsidized high-risk prenatal and delivery care statewide by 1988;
3. To develop and implement an infant death review system statewide by 1988;
4. To review 100 percent of all maternal deaths by 1988;
5. To coordinate the development of a system in which health departments and hospitals will identify and track infants with no primary care provider by 1988.

WIC and Reproductive Health Branch

WIC

PROGRAM GOALS: To provide supplemental foods, nutrition education, counseling, and integrated health care referral and follow-up to low-income pregnant, postpartum, and breastfeeding women, infants, and children to their fifth birthday.

WIC works to increase nutrition awareness

The Special Supplemental Food Program for Women, Infants and Children (WIC) is administered by the Division of Family Health Services, and is funded by the United States Department of Agriculture (USDA).

The WIC Program in Alabama provided supplemental food to 139,759 individuals during Fiscal Year '86. There were 40,256 women, 44,162 infants, and 55,341 children served.

The program objectives for Fiscal Year '87 include:

1. Continued promotion and special emphasis on breastfeeding;
2. Emphasis on decreasing low birthweight babies;
3. Ensuring that pregnant women receive follow-up prenatal care and that infants and children receive appropriate medical care;
4. Increased emphasis on vendor fraud detection and sanctioning of vendors who do not comply with program rules and regulations.

Reproductive Health

PROGRAM GOALS: To provide voluntary family planning services, supplies, and counseling to persons who would not otherwise have access to them, with programs targeted to low-income persons, ages 14-44.

Family planning services prove cost-effective

Family Planning is an effective cost-benefit service.

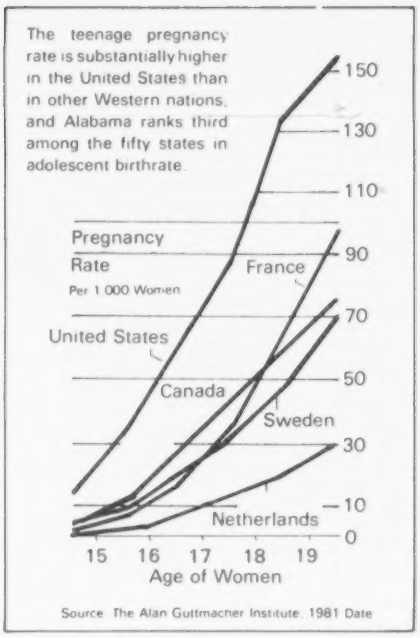
National studies show that for every $1.00 spent in the Family Planning Program, $2.00 are saved the first year in other health and welfare costs. For adolescents the savings are even greater—$3.00 saved for each $1.00 spent.

Family Planning Program provides variety of services

The physical and mental well being of the family unit, reduction in the level of poverty in the population, improved health by spacing of pregnancies, early detection of health problems, and prevention of unwanted pregnancies are all factors of a comprehensive family planning program.

The Statewide Family Planning Program contributed to Alabama's health system many services associated not only with family planning but also with overall preventions of health problems during 1986.

Family Planning services continue to be provided with confidentiality and dignity for the patient by clinic staff devoted to providing and promoting total health care in Alabama.



GRAPH 8-1

Services provided in 1986

In an effort to provide comprehensive family planning services to enhance the concept of prevention of health problems, the Family Planning Program provided the following diagnostic services in 1986; 69,448 Pap smears, 162,053 blood pressure determinations, 31,846 syphilis tests, 73,549 gonorrhea cultures, 7,217 sickle cell tests, 58,352 hemoglobins or hematocrits, 61,308 urine tests for sugar and acetone, 67,376 breast exams, and 76,778 bi-manual pelvic examinations.

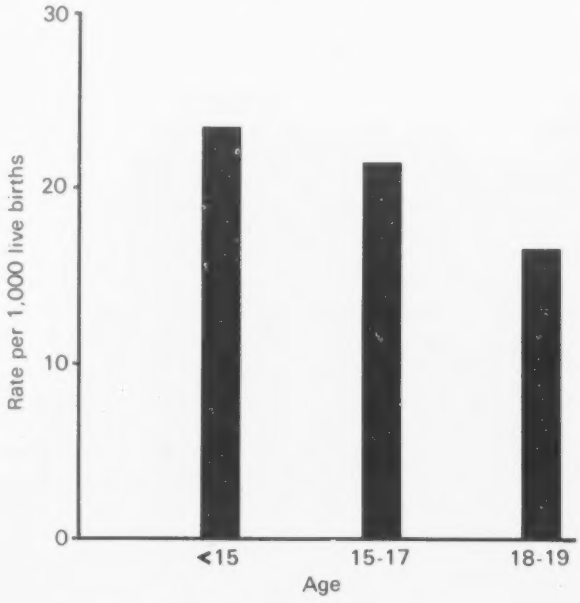
As a result of these efforts, 14,798 referrals to private physicians for suspected problems were made in 1986. Approved contraceptive methods compatible to the individual, infertility counseling, referrals to other social agencies, and follow-up services were provided.

During Fiscal Year '86 a total of 83,143 unduplicated patients were provided medical family planning services. Ninety-one percent of those served were below 150 percent of the federal poverty level. This represents 30 percent of the "in-need" being served during Fiscal Year '86.

Problem of teenage pregnancy continues

Teenage pregnancy continues to be one of the leading health problems in Alabama, although the teenage birth rate has been declining since the late 1970s. During 1985 there were seven mothers in Alabama who were 12 years of age. There were 298 births to mothers under age 15. The total number of births to teens in 1985 was 10,689.

GRAPH 8-2
TEENAGE INFANT MORTALITY RATES, 1985
ALABAMA



Cancer Detection

PROGRAM: To provide cancer screening and follow-up services targeted for women 35 years of age and older who are below 150 percent of poverty.

Highly effective early detection program thwarted by lack of funds

The present cancer detection budget is totally inadequate in attempting to meet the need for services. At present the program is only able to serve six percent of the projected "in-need" population in Alabama. As the cure rates for cervical, endometrial, and breast cancers are very high when detected early, screening services such as provided through the Cancer Detection Program are essential.

Cancer detection activities in 1986

During Fiscal Year '86 the Cancer Detection Program continued its screening of asymptomatic females age 35 and older for the detection of cervical, endometrial, and breast cancer. Patients with abnormal test results were referred to private physicians for appropriate diagnostic evaluation, treatment, and follow-up.

There were a total of 17,623 women making 22,403 visits to cancer detection clinics in Fiscal Year '86. Currently, all but three of the state's 67 counties have a cancer detection program.

Division of Long Term Care

PROGRAM GOALS: To identify, plan, implement, and evaluate public health programs for individuals eligible for home health services through Medicare, Medicaid, or Disease and Disability with chronic diseases and rehabilitation needs and for those who need specific geriatric services to increase or enhance their quality of life and to maintain them in their home setting; and to provide care for the terminally ill and assistance to their families.

Quality, cost-efficient home health services stressed

The major objective of the Division of Long Term Care has been to assist the county health department subunits in providing quality home health services in a cost-efficient manner. A home health quality assurance program has been piloted and will become fully operational during the next year.

Additional services secured for local units

Other priorities have been to secure additional services in the local health units. There has been an increase in available disciplines of service:

Discipline	1985	1986	Increase
Physical Therapy	45	51	+6
Speech Therapy	19	25	+6
Occupational Therapy	3	12	+9
Respiratory Therapy	1	4	+3
Medical Social Worker	3	8	+5
Nutrition Services	0	4	+4

All subunits continue to provide basic nursing and home health aide services.

Marketing activities increased

Marketing activities have been increased. Among those activities were exhibits at health fairs and conventions, packets of materials for counties to use which included sample letters to local physicians and other health providers, 1-800 telephone stickers, telephone cards for emergencies, and spot news releases and articles. A 1-800 number has been installed and is manned 24 hours a day by the nursing staff of this division. A mail-out of over 7,500 letters was sent to physicians in the state to apprise them of the home health program.

Division initiates a variety of programs

Initial contact was made with Blue Cross and Blue Shield of Alabama for the Alabama Department of Public Health to become a Blue Cross participating home health agency. This will be finalized in early 1987.

Contact was made with all hospitals in the state by personnel at the county level to promote home health activity.

The division submitted a grant proposal for "Advanced Training of Homemaker Home Health Aides" to the

Department of Health and Human Services. The grant was funded and training began October 1, 1986.

An agreement was negotiated between the Department of Education and the Department of Public Health for a cooperative endeavor for basic homemaker home health aide training programs. The first pilot program was planned for Marengo County.

The Division provided educational experiences, such as the home health coordinator's workshop, for home health staff nurses, coordinators, and nursing directors; piloted testing tools for the National League for Nursing; reviewed books, articles, manuals, and training guides for national publishing companies and organizations. The staff is responsible for developing the policy and procedure manual for the Division of Long Term Care.

Also initiated was local and state activity in the provision of services under the Community-Based Waiver Act for the Elderly and Disabled as subcontractor with the local Department of Human Resources and Area Commission on Aging. A policy and procedure manual for Medicaid-waivered services was developed to be printed for distribution to area and local health departments. Contracts have been negotiated to provide health care in day care centers.

Goals include continued increase in home health service

This division has represented the Alabama Department of Public Health through membership in the National Association of Home Care, Alabama Association of Home Health Agencies, Commission On Nursing, Association of State and Territorial Directors of Nursing, and Alabama State Nurses' Association.

The primary goal for 1987 is to increase home health services by 20 percent and to establish the Chronic Disease and Rehabilitation Branch and the Geriatric Services Branch.

Summary of branches and activities in 1986

Chronic Disease and Rehabilitation Services Branch

The Chronic Disease and Rehabilitation unit of the Division of Long Term Care directed and coordinated home and clinic services to adults, children, and youth who were not homebound but who required health services and follow-up due to an acute or chronic disease process or disability of either short or long term.

Geriatric Services Branch

The Geriatric Services Branch worked to meet the health and social needs of the aging population through provision of service and utilization of referral sources to provide health services and encourage health behavior. It also sought to provide programs that assured that individuals lived at their maximum potential in their home environment or were able to meet terminal illness ensuring death in comfort and with dignity.

Home Health Services Branch

As the parent agency for local health departments certified as home health agency subunits, this branch administered and directed the Medicare (Title XVIII), Medicaid (Title XIX) and the Disease and Disability (other third party, self-pay and medically indigent) programs.

Services provided in 1986 included:

6,707	Medicare patients
1,801	Medicaid patients
1,312	Disease and Disability patients
9,820	Total patients seen
170,796	Medicare visits
77,285	Medicaid visits
44,639	Disease and Disability visits*
192,720	Total visits
61	Subunits in operation

*This includes Medicare technical denials and the Medicare/Medicaid No Charge Service Visits.

Dental Health Branch

PROGRAM GOALS: To reduce the incidence and prevalence of oral diseases by providing clinical services to underserved groups; promoting preventive techniques through various educational, technical, and financial assistance programs; and studying oral diseases through dental surveys.

Prevention stressed to reduce long-term costs

Dental disease is the most widespread health problem among Alabamians and has been found to be the primary health problem among Alabama school children.

The Dental Health Branch made progress in 1986 in reducing this problem through providing clinical services at selected locations.

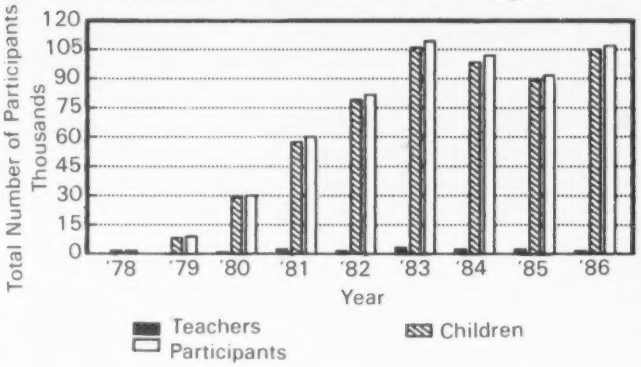
Dental Health Mobile Unit services in 1986 included:

1,421	Total visits
1,046	Examinations
161	X-rays
253	Prophylaxes
820	Patient educations
2,095	Sealants
722	Amalgam fillings
107	Composite fillings
52	Perio treatments
594	Protective bases
140	Extractions
807	Completions

The thrust of dental public health over the years, however, has consistently been preventive measures to ward off dental disease prior to its inception. The Dental Health Branch has actively promoted the use of fluoridated water systems, school-based fluoride mouthrinse programs, and sealant placements in Alabama and has provided educational, financial, materials, and technical assistance as needed.

GRAPH 9-1

Participation in Fluoride Mouthrinse Program



The fluoride mouthrinse program began in 1977 with 26 teachers and 500 children participating and has grown to include 1,893 teachers and 105,275 children as of 1986. Decreases in 1984 and 1985 reflect a growth in community water fluoridation which resulted in a corresponding discontinuance of school mouthrinse programs.

Fluoridated water usage in 1986 included:

2,812,400 Persons on public water received fluoridated water (This is an increase of 26,440 persons over 1985's figures; of the total number of persons served by a public water supply, the 1986 figure indicates that 81.5 percent are receiving fluoridated water.)

3 Water systems started fluoridation (Elba, Leeds, and Tri-Community brought the state total to 102 fluoridated systems.)

105,275 Children and
1,893 Teachers received fluoride mouthrinse programs (16.2 percent participation increase over 1985; the program, which is completely voluntary and which requires a parental consent form, has been implemented in 264 schools in fluoride-deficient areas of Alabama.)

2,095 Recipients of sealants (Sealants are used to stop decay in the deeper grooves of the teeth where fluorides cannot reach.)

Educational activities and materials serve as important dental health aids

The Dental Health Branch offers several programs to educate, to motivate, and therefore reduce the incidence of dental disease. Through careful training, supervision and follow-up evaluations, the staff strives to maintain excellence in the quality and cost-effectiveness of all educational programs presented.

Educational activities in 1986 included:

- 31,385 Teachers and children reached through the Alabama Smile Keeper (ASK) program which serves kindergarten through sixth grade school levels (Significant progress was made in 1986 when 21 school systems requested the ASK program.)
- 13 Dental health education workshops presented at Head Start programs throughout the state, reaching 52 teachers and teachers' aides, and ultimately, 3,333 children
- 5 Head Start dental health program comprehensive performance evaluations made
- 1,010 Students reached through programs for colleges, camps, area vocational schools, and continuing educational conferences
- 8 Extended care facilities given in-service dental health training with 338 staff members and 1,256 patients directly benefiting (With the detection of cancerous oral lesions high on its list of priorities, the Dental Health Branch has updated audio-visual aids and demonstrated to facility staffs soft tissue examination procedures.)
- 81,216 Dental education materials distributed (These materials include student activity booklets, toothbrushes, dental floss, parental literature, pamphlets, information sheets, posters, transparencies, Teacher's Guides, and free loan films.)

Campaign designed to warn against smokeless tobacco's dangers

In 1986 U.S. Surgeon General Dr. Everett Koop acknowledged that increased usage of smokeless tobacco products (chewing tobacco and moist snuff) poses a potential health threat to the American public.

During 1986 the Dental Health Branch extensively researched the smokeless tobacco problem and developed a program on its dangers to be piloted in selected elementary, junior high, and high schools in 1987. To fill immediate needs, a film titled *Smokeless Tobacco: It Can Snuff You Out* was purchased and forwarded to the Public Health Film Library for use across the state.

As part of this new campaign against smokeless tobacco, the branch became an active member of the newly formed Coalition for a Tobacco-Free Alabama.

Dental health survey conducted

A comprehensive survey to determine the dental status of Alabama school children was conducted among 3,042 children ages six to 12 by the Dental Health Branch and dental researchers from the University of Alabama School of Dentistry and from Jefferson County Health Department dentists. Following the examination, the parents were sent a letter informing them of their child's oral health status. After processing and analyzing the preliminary data, a full report on the survey will be made.

Nursing Branch

PROGRAM GOALS: To provide direction, consultation, professional guidance and support to all public health nursing personnel; to develop and maintain standards of nursing practice for nursing health; and to assure quality nursing services for the people of Alabama.

Nursing section restructured

The Public Health Nursing Branch was established by administrative reorganization in June of 1986. Prior to that time, the Bureau of Public Health Nursing was composed of three divisions which included the Division of Home Health Services. The reorganized structure removed the Division of Home Health Services and redesigned the Public Health Nursing Branch.

The overall focus of the Public Health Nursing Branch is to develop and implement, on an ongoing basis, the standards of practice of public health nursing in an effort to ensure that the care that is provided to patients at the area and local level is both competent and cost-effective.

The goal of the branch is to ensure ongoing educational opportunities for public health nurses in an effort to increase their knowledge base, thereby facilitating more effective involvement by the nurse in the clinical area as well as in the home, school, or other public health setting.

Nursing personnel in 1986 show increase in educational preparation

The branch is responsible for providing nursing consultative services to state, area, and local personnel as needed or as requested. Assistance with personnel recruitment including applicant screening will be provided as requested by state, area, and local staff. Efforts are coordinated with the Personnel & Staff Development Branch to determine specificity of local needs and the allocation of job descriptions to meet identified needs.

The following figures indicate the statewide nursing and ancillary personnel status as of December 31, 1986:

Merit System:

583	Registered Nurses
46	Nurse Practitioners
18	Licensed Practical Nurses
294	Home Health Aides
941	Total

Contract:

94	Registered Nurses
152	Home Health Aides
246	Total

Educational preparation of nursing personnel in 1986 compares with 1985 as follows:

	1986	1985
Diploma/Associate Degree	399	406
Baccalaureate Degree	154	148
Master's Degree	30	21

Staff development programs held

Public Health Nursing Staff Development programs were conducted twice during the year at 15 sites throughout the state. Focus was on the following topics:

Winter Series (Attendance: 377 public health nurses)

"Accountability through Documentation of Records" addressed the public health nurse's responsibility for documenting care in a timely manner, realizing that the patient care record is a legal document.

"Discussion of Current Topics of Concern for Public Health Nurses" included issues such as coding and utilization of the cost-accounting system.

Spring Series (Attendance: 389 public health nurses)

Information was provided during this session regarding utilization of the nursing diagnosis in an effort to enhance patient care; area nursing directors assisted with small group sessions.

Fall Series (Cancelled due to proration)

Home Health Aide Workshops were conducted twice during the year, each at 11 sites throughout the state. The Public Health Nursing Branch provided the content material presented by the area nursing directors this year, and the following topics were discussed:

First series/Spring 1986 (Attendance: 215 aides and 26 public health nurses) "Patient Care Documentation"

Second Series/Late Fall 1986 (Attendance: 215 aides and 45 public health nurses) "Communication Skills"

Other staff training programs conducted

- One Public Health Nursing State Orientation Program was conducted in 1986. One session had to be cancelled due to proration. Twelve nurses attended the spring session.

- "Genetic Nurse Preceptorships" for public health nurses in Alabama Public Health Areas 1, 2, 3, and 4 were coordinated by the branch and held in Birmingham at the Laboratory of Medical Genetics. Total attendance was 15.

- Nine students received special experiences in specific areas of public health nursing with local preceptors.

- The public health nursing directors have assisted with training activities for nurses in an effort to provide services in an integrated fashion.

Educational developments include special procedures program

- Three programs of study were completed to enable public health nurses to broaden their knowledge base and to provide special procedures beyond the basic educational level for nurses.
- Agreements with eight schools of nursing were developed during 1986 for student experience as a part of public health nursing curricula.
- Twelve additions/revisions were developed and incorporated into the *Public Health Nursing Policy & Procedure Manual.*
- The "Standards of Practice for Public Health Nursing" revision was completed during the year and has been circulated to public health nurses in each county.
- Involvement has continued with the statewide implementation of the scoliosis screening program. The manual is being revised and the patient-teaching system is being refined.
- County slide presentations were developed in coordination with staff from the Office of Health Promotion and Information. These activities were in response to requests from local staff in four counties and will be utilized to market public health programs within the county.

Primary Health Care Services Branch

PROGRAM GOALS: To develop a statewide program to deliver comprehensive primary care services by a community-based service delivery model for those residents of Alabama who lack adequate access to quality health care due to financial and/or geographic barriers.

Uncompenstated care population identified at 995,257

The health department has identified 995,257 people in need of health care services who lack the money or the insurance to pay for them. Notwithstanding incremental programs and measures to extend services to these people, a significant segment of the population continues without access to health services.

Whether one views this problem from an economic or humane perspective, the conclusion must be drawn that the health of this population group cannot be ignored.

Administrative and organizational changes

The administrative and organizational changes of 1986 resulted in the development of a Primary Health Care Branch within the Bureau of Personal Health Services. The branch was assigned the responsibility of implementing activities supporting the department's goals and objectives regarding primary health care development within local health departments in conjunction with other public and private primary health care entities. As such, the branch assumed the function of the former Division of Community Health Services in the administration of the Department's Primary Care Cooperative Agreement with the U.S. Public Health Service.

Primary Care Cooperative Agreement further developed to increase efficiency and resources

Historically, the Primary Care Cooperative Agreement has provided for joint efforts between the Department and Alabama Primary Health Care Association for statewide primary care planning and the recruitment/placement of National Health Service Corps (NHSC) physicians in medically underserved areas of the state. The further development of this agreement in 1986 did much to increase the collaboration between the two entities with respect to first, a detailed workplan defining roles and responsibilities of each, and second, a contractual relationship for specific activities of resource development.

Work plan developed to serve four areas of need

As an integral part of the Primary Care Cooperative Agreement proposal for 1987, a detailed workplan was submitted specifying roles and responsibilities between the Department of Public Health and the Primary Care Association with respect to the four following functional areas:

1. Identifying and prioritizing the state's medically underserved areas with particular emphasis on the lack of obstetrical care;
2. Developing strategies to meet underserved area needs;
3. Continuing the recruitment and placement of NHSC physicians in needy areas;
4. Providing technical assistance to local health departments and community health centers.

The Primary Care Branch normally assumes the lead in these functions with the association and individual primary care centers supporting the branch through consultation and review.

The Department of Public Health has contracted with the Primary Care Association to assess health care programs of the Medicaid Agency for further integration in the public ambulatory care system. The contractual period ends August 1987 with the final product consisting of recommendations for developing and utilizing resources of the Medicaid Agency in areas of the state that have previously underutilized these resources.

Recruitment and placement of physicians commended

The Primary Care Branch was highly commended for its physician recruitment and placement effort in 1986. Of a total of 78 available practice sites eligible for placement, 57 were filled for commencement of practice by July 1986. This was the second highest number of physicians recruited and placed within the Southeastern states. The placement cycle for 1987 began in July 1986.

With 38 practice sites approved of the 58 applied for by the branch, ten of these were designated for obstetrical services in hopes of lessening the severity of the obstetrical crisis in Alabama. At years's end, 20 of the 38 approved sites had been filled including 7 of the 10 obstetrical vacancies.

Bureau of Vital Statistics

PROGRAM GOALS: To be responsible for the registration and preservation of vital event information; to serve as a public resource for the official records of these events; to observe statistical trends in the health field and to provide vital event data on a timely basis as needed for determining the health status of the people; and to expand data services and seek methods that increase the efficiency and accuracy of the services provided.

1986 vital statistics activities included the following:

Estimated Population	4,056,432	
Births	59,180*	Rate 14.6*
Deaths	37,178*	Rate 9.2*
Marriages	46,585*	Rate 11.5*
Divorces	25,386*	Rate 6.3*
Adoptions	2,867	
Legitimations	3,817	
Infant Deaths	779*	Rate 13.2*
Certified Copies of Vital Records	213,275	
Noncertified Copies of Vital Records	10,381	
Number of Records Microfilmed	2,892,266	

*Provisional Data

The bureau held seven seminars with a total of 278 participants.

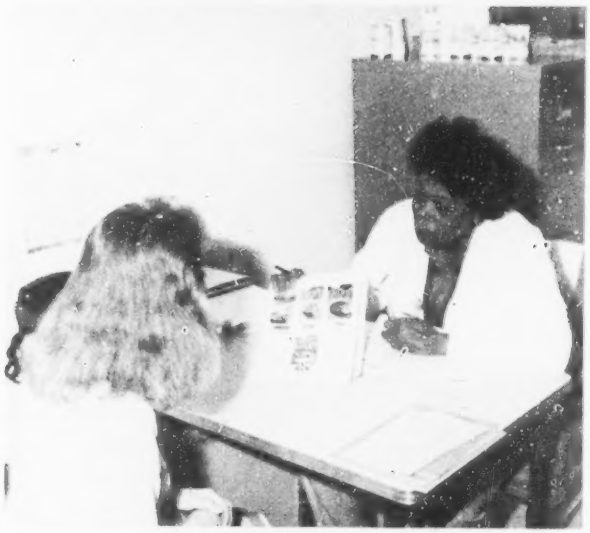
TABLE 10-1
ALABAMA'S LEADING CAUSES OF DEATH
1986 AND 1985

Rank	1986 Number*	Rate*	Cause of Death	Rank	1985 Number	Rate
—	37,178	—	Total All Causes	—	37,531	—
1	12,756	314.5	Diseases of the Heart	1	13,048	312.9
2	8,044	198.3	Malignant Neoplasms	2	8,011	192.1
3	3,086	76.1	Cerebrovascular Diseases	3	3,304	79.2
4	2,157	53.2	Accidents	4	1,985	47.6
5	1,340	33.0	Chronic Obstructive Pulmonary Diseases & Allied Causes	5	1,340	32.1
6	872	21.5	Pneumonia & Influenza	6	942	22.6
7	829	20.4	Diseases of the Arteries	7	832	19.9
8	696	17.2	Diabetes Mellitus	8	720	17.3
9	495	12.2	Suicide	10	442	10.6
10	474	11.7	Homicide	9	468	11.2
—	6,429	—	All Other Causes	—	6,439	—

*Provisional

County Health Departments

Each local office seeks to prevent diseases that lead to premature death and to promote healthier lifestyles through a variety of services and activities. Programs vary by



COUNTY HEALTH DEPARTMENT ACTIVITIES
1986

	VITAL STATISTICS	IMMUNIZATION	CHILD HEALTH CLINICS	WIC	HEALTH EDUCATION	SCHOOL HEALTH	DENTAL CARE	DENTAL HEALTH EDUCATION	FLUORIDE MOUTH RINSE	MATERNITY MEDICAL CARE	MATERNITY NURSING CARE	FAMILY PLANNING	TUBERCULOSIS	SEXUALLY TRANSMITTED DISEASE	HYPERTENSION TREATMENT	HYPERTENSION SCREENING	CANCER DETECTION	HOME HEALTH CARE	FOOD AND WATER INSPECTION	SOLID WASTE ENFORCEMENT	VECTOR CONTROL	SEWAGE DISPOSAL INSPECTION	SUBDIVISION REVIEW	SWIMMING POOL INSPECTION	HOTEL, MOTEL AND JAIL INSPECTION	RABIES CONTROL	CHILD CARE FACILITY INSPECTION	FROZEN DESSERT SAMPLING	SCHOOL INSPECTION	FOOD MANAGER TRAINING
PUBLIC HEALTH AREA I																													
NORTHWEST ALABAMA REGIONAL HEALTH DEPARTMENT																													
COLBERT	X	X	X	X	X		X	X	X		X	X	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X
FRANKLIN	X	X	X	X	X		X	X	X		X	X	X	X		X	X	X	X		X	X	X		X	X	X	X	X	X
LAUDERDALE	X	X	X	X	X		X	X	X		X	X	X	X		X	X	X	X		X	X	X		X	X	X	X	X	X
TRI-COUNTY DISTRICT HEALTH SERVICES																													
CULLMAN	X	X	X	X	X						X	X	X	X		X	X	X	X		X	X	X	X	X	X	X		X	X
LAWRENCE	X	X	X	X	X						X	X	X	X		X	X		X	X	X	X	X	X	X	X	X		X	X
LIMESTONE	X	X	X	X	X	X				X	X	X	X	X		X	X		X	X	X	X	X	X	X	X	X		X	X
MORGAN	X	X	X	X	X	X					X	X	X	X		X	X		X	X	X	X	X	X	X	X	X		X	X
JACKSON	X	X	X	X	X			X	X		X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
MADISON	X	X	X	X	X	X			X			X	X	X		X	X		X	X	X	X	X	X	X	X	X		X	X
MARION	X	X	X	X	X	X				X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
MARSHALL	X	X	X	X	X						X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
WINSTON	X	X	X	X	X	X					X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PUBLIC HEALTH AREA II																													
WEST ALABAMA DISTRICT HEALTH DEPARTMENT																													
BIBB	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
GREENE	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
LAMAR	X	X	X	X	X	X					X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PICKENS	X	X	X	X	X	X				X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
TUSCALOOSA	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
FAYETTE	X	X	X	X	X	X					X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PUBLIC HEALTH AREA III																													
BLOUNT	X	X	X	X	X				X		X	X	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X
CHILTON	X	X	X	X	X	X				X	X	X	X	X		X	X	X	X	X	X	X	X		X	X		X	X	X
JEFFERSON	X	X	X	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
ST. CLAIR	X	X	X	X	X				X		X	X	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X
SHELBY	X	X	X	X	X	X			X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
WALKER	X	X	X	X	X	X		X		X	X	X	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	
PUBLIC HEALTH AREA IV																													
CALHOUN	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
CHAMBERS	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
CHEROKEE	X	X	X	X	X	X					X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
CLAY	X	X	X	X	X	X			X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
CLEBURNE	X	X	X	X	X	X		X	X		X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
COOSA	X	X	X	X	X	X			X			X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
DEKALB	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
ETOWAH	X	X	X	X	X	X		X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
RANDOLPH	X	X	X	X	X					X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X
TALLADEGA	X	X	X	X	X	X			X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
TALLAPOOSA	X	X	X	X	X				X		X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PUBLIC HEALTH AREA V																													
AUTAUGA	X	X	X	X	X				X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
BARBOUR	X	X	X	X	X	X					X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
BULLOCH	X	X	X	X	X	X				X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
BUTLER	X	X	X	X	X	X		X	X		X	X	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X
COFFEE	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X
COVINGTON	X	X	X	X	X	X		X	X		X	X	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X
CRENSHAW	X	X	X	X	X	X		X	X		X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
DALE	X	X	X	X	X	X		X	X		X	X	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X
ELMORE	X	X	X	X	X	X		X		X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
GENEVA	X	X	X	X	X	X					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HENRY	X	X	X	X	X						X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HOUSTON	X	X	X	X	X	X					X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
LEE	X	X	X	X	X			X			X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
LOWNDES	X	X	X	X	X					X	X	X	X	X		X	X	X	X	X		X	X		X	X	X	X	X	X
MACON	X	X	X	X	X	X				X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
MONTGOMERY	X	X	X	X	X	X				X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PIKE	X	X	X	X	X	X			X		X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
RUSSELL	X	X	X	X	X					X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PUBLIC HEALTH AREA VI																													
GULF COAST DISTRICT HEALTH DEPARTMENT																													
BALDWIN	X	X	X	X	X					X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
CONECUH	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	
ESCAMBIA	X	X	X	X	X				X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	
CHOCTAW	X	X	X	X	X					X	X	X	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	
CLARKE	X	X	X	X	X				X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
DALLAS	X	X	X	X	X					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HALE	X	X	X	X	X							X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	
MARENGO	X	X	X	X	X						X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	
MOBILE	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
MONROE	X	X	X	X	X						X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PERRY	X	X	X	X	X						X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
SUMTER	X	X	X	X	X					X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
WASHINGTON	X	X	X	X	X			X	X		X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
WILCOX	X	X	X	X	X					X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	

(Continued from page 1)

	RETAIL FOOD STORE INSPECTION	COMPLAINT INVESTIGATION	FOOD SERVICE PLAN REVIEW	EPIDEMIOLOGY SURVEILLANCE	REFUGEE SCREENING	CHILD HEALTH CARE/ PRIMARY CARE	ADULT MEDICAL CARE/ PRIMARY CARE	ADOLESCENT PREGNANCY PREVENTION PROJECT	INFANT CAR SEAT LOANER PROGRAM	CARBON MONOXIDE TESTING	INFANT AND TODDLER RESTRAINT	EYE CLINIC	CAMP INSPECTION	EMERGENCY RESPONSE	DIABETIC SCREENING	AUDIO TESTING	FOODHANDLERS' PERMITS	PHARMACY SERVICE	PLUMBING INSPECTION	SUDDEN INFANT DEATH SYNDROME
PUBLIC HEALTH AREA I																				
NORTHWEST ALABAMA REGIONAL HEALTH DEPARTMENT																				
COLBERT	X	X	X	X		X		X		X			X				X		X	
FRANKLIN	X	X	X	X		X		X		X			X				X		X	
LAUDERDALE	X	X	X	X		X		X		X			X				X		X	
TRI-COUNTY DISTRICT HEALTH SERVICES																				
CULLMAN	X	X	X	X					X				X			X	X			X
LAWRENCE	X	X	X	X									X	X		X	X			X
LIMESTONE	X	X	X	X									X	X		X	X			X
MORGAN	X	X	X	X									X	X		X	X			X
JACKSON	X	X	X	X		X		X	X		X	X	X	X	X	X	X			X
MADISON	X	X	X	X	X	X	X			X					X	X	X		X	X
MARION	X	X	X	X		X			X				X			X				
MARSHALL	X	X	X	X					X		X		X							X
WINSTON	X	X	X	X					X		X		X							
PUBLIC HEALTH AREA II																				
WEST ALABAMA DISTRICT HEALTH DEPARTMENT																				
BIBB	X	X	X	X				X	X				X			X				X
GREENE	X	X	X	X				X					X			X				X
LAMAR	X	X	X	X									X			X				X
PICKENS	X	X	X	X				X					X			X				X
TUSCALOOSA	X	X	X	X				X	X				X							X
FAYETTE	X	X	X	X				X					X			X				X
PUBLIC HEALTH AREA III																				
BLOUNT	X	X	X	X					X				X			X				X
CHILTON	X	X	X	X		X			X				X	X						
JEFFERSON	X	X	X	X	X	X	X	X	X	X	X		X			X	X	X		X
ST. CLAIR	X	X	X	X					X		X		X			X				X
SHELBY	X	X	X	X		X			X	X	X		X			X				X
WALKER	X	X	X	X	X	X		X	X		X		X			X	X			X
PUBLIC HEALTH AREA IV																				
CALHOUN	X	X	X	X	X				X		X		X	X		X				X
CHAMBERS	X	X	X	X					X				X			X				X
CHEROKEE	X	X	X	X		X			X	X	X		X			X				X
CLAY	X	X	X	X	X	X	X		X	X	X		X	X		X				X
CLEBURNE	X	X	X	X	X				X		X		X	X		X				X
COOSA	X	X	X	X	X	X			X	X	X		X	X	X	X				X
DEKALB	X	X	X	X					X	X	X		X			X				X
ETOWAH	X	X	X	X		X			X		X	X				X			X	X
RANDOLPH	X	X	X	X					X		X		X			X				
TALLADEGA	X	X	X	X	X	X	X		X	X	X		X	X	X	X				X
TALLAPOOSA	X	X	X	X							X		X			X				X
PUBLIC HEALTH AREA V																				
AUTAUGA	X	X	X	X									X							
BARBOUR	X	X	X	X												X				X
BULLOCK	X	X	X	X									X			X				X
BUTLER	X	X	X	X										X		X				
COFFEE	X	X	X	X	X	X	X	X				X	X	X		X	X			X
COVINGTON	X	X	X	X									X	X	X	X				
CRENSHAW	X	X	X	X		X	X						X	X		X				
DALE	X	X	X	X	X				X		X					X				X
ELMORE	X	X	X	X	X								X				X		X	X
GENEVA	X	X	X	X					X				X	X	X	X			X	X
HENRY	X	X	X	X		X							X	X		X				
HOUSTON	X	X	X	X									X	X		X	X			
LEE	X	X	X	X	X								X						X	X
LOWNDES	X	X	X	X		X								X			X			
MACON	X	X	X	X		X							X		X	X				
MONTGOMERY	X	X	X	X	X	X		X							X	X	X		X	X
PIKE	X	X	X	X									X			X				X
RUSSELL	X	X	X	X									X	X		X				X
PUBLIC HEALTH AREA VI																				
GULF COAST DISTRICT HEALTH DEPARTMENT																				
BALDWIN	X	X	X	X		X			X		X					X				X
CONECUH	X	X	X	X									X			X				
ESCAMBIA	X	X	X	X												X				
CHOCTAW	X	X	X	X												X				
CLARKE	X	X	X	X									X			X				X
DALLAS	X	X	X	X	X											X				X
HALE	X	X	X	X												X	X			X
MARENGO	X	X	X	X												X				
MOBILE	X	X	X	X	X	X	X		X					X	X		X	X	X	X
MONROE	X	X	X	X				X								X				
PERRY	X	X	X	X												X				
SUMTER	X	X	X	X		X										X				
WASHINGTON	X	X	X	X									X			X				
WILCOX	X	X	X	X		X										X				

ALABAMA DEPARTMENT OF PUBLIC HEALTH
OFFICE OF MANAGEMENT SERVICES
H. E. HARRISON, B.S., M.P.H., DIRECTOR

307 STATE OFFICE BUILDING
MONTGOMERY, ALABAMA 36130-1701
TELEPHONE 261-5081

ASSISTANT STATE HEALTH OFFICERS, LOCAL HEALTH OFFICERS & HEALTH SERVICES ADMINISTRATORS

COUNTY/DISTRICT	NAME	TITLE	TEL. NO.	MAILING ADDRESS
PUBLIC HEALTH AREA # 1	Betty W. Vaughan, M.D.	ASHO	353-7021	Box 1628, Decatur 35602
NORTHWEST AL REGIONAL HEALTH DEPT.			383-1231	Box 929, Tuscumbia 35674
Colbert	Karen Landers, M.D.	DHO	383-1231	Box 929, Tuscumbia 35674
Franklin	Karen Landers, M.D.	DHO	332-2700	Box 100, Russellville 35653
Lauderdale	Karen Landers, M.D.	DHO	764-7453	Box 1036, Florence 35630
TRI-COUNTY DIST. HEALTH SERVICES			353-7021	Box 1628, Decatur 35602
Cullman	Betty W. Vaughan, M.D.	DHO	734-1030	Box 1678, Cullman 35056
Lawrence	Betty W. Vaughan, M.D.	DHO	974-1141	Box 308, Moulton 35650
Limestone	Betty W. Vaughan, M.D.	DHO	232-3200	310 W. Elm St., Athens 35611
Morgan	Betty W. Vaughan, M.D.	DHO	353-7021	Box 1628, Decatur 35602
Jackson	Lyle Haas	HSA	259-4161	Box 398, Scottsboro 35768
Madison	Lawrence L. Robey, M.D.	LHO	539-3711	Box 425, Huntsville 35804
Marion			921-3118	Box 158, Hamilton 35570
Marshall	Lyle Haas	HSA	582-3174	275 Gunter Ave., Guntersville 35976
Winston			489-2101	Box 57, Double Springs 35553
PUBLIC HEALTH AREA # 2	E. Kenneth Aycock, M.D.	ASHO	345-4131	1101 Jackson Ave., Tuscaloosa 35401
WEST AL DISTRICT HEALTH DEPT.			345-4131	1101 Jackson Ave., Tuscaloosa 35401
Bibb	E. Kenneth Aycock, M.D.	DHO	926-9702	105 Church St., Centreville 35042
Greene	E. Kenneth Aycock, M.D.	DHO	372-9361	Box 269, Eutaw 35462
Lamar	E. Kenneth Aycock, M.D.	DHO	695-9195	Box 548, Vernon 35592
Pickens	E. Kenneth Aycock, M.D.	DHO	367-8157	Rt. 2, Box 202, Carrollton 35447
Tuscaloosa	E. Kenneth Aycock, M.D.	DHO	345-4131	1101 Jackson Ave., Tuscaloosa 35401
Fayette	John Toppins	HSA	932-5260	Box 351, Fayette 35555
PUBLIC HEALTH AREA # 3	Carole W. Samuelson, M.D.	ASHO	933-9110	Box 2646, Birmingham 35202
Blount	Melinda G. Rowe, M.D.	LHO	274-2120	Box 96, Oneonta 35121
Chilton	Melinda G. Rowe, M.D.	LHO	755-1287	Box 1778, Clanton 35045
Jefferson	Carole W. Samuelson, M.D.	LHO	933-9110	Box 2646, Birmingham 35202
St. Clair	Melinda G. Rowe, M.D.	LHO	594-7944	Box 249, Ashville 35953
St. Clair	Melinda G. Rowe, M.D.	LHO	338-3357	Box 627, Pell City 35125
Shelby	Melinda G. Rowe, M.D.	LHO	669-3117	Box 976, Columbiana 35051
Walker	Melinda G. Rowe, M.D.	LHO	221-9775	Box 690, Jasper 35501
PUBLIC HEALTH AREA # 4	Robert J. Henderson, M.D.	ASHO	236-3274	Box 488, Anniston 36202
Calhoun	John Screws	HSA	237-7523	Box 488, Anniston 36202
Chambers	Ellene Mitchell	HSA	864-8834	Box 319, LaFayette 36862
Cherokee	Jim C. Russell	HSA	927-3132	Box 176, Centre 35960
Clay	Fred W. Dauser	HSA	354-2181	Box 325, Ashland 36251
Cleburne	John Screws	HSA	463-2296	Box 36, Heflin 36264
Coosa	Fred W. Dauser	HSA	377-4364	Box 235, Rockford 35136
DeKalb	Jim C. Russell	HSA	845-1931	Box 347, Fort Payne 35967
Etowah	Jean Foster	HSA	547-6311	Box 555, Gadsden 35902
Randolph	Ellene Mitchell	HSA	863-8981	527 Price St., Roanoke 36274
Talladega	Fred W. Dauser	HSA	362-2593	Box 1012, Talladega 35160
Tallapoosa	Ellene Mitchell	HSA	825-9203	Box 125, Dadeville 36853
PUBLIC HEALTH AREA # 5	Joyce Gendzwill, M.D.	ASHO	261-5133	900 State Office Bldg., Montgomery 36130-1701
Autauga	Bobby H. Bryan	HSA	365-3349	Box G, Prattville 36067
Barbour	Russell Killingsworth	HSA	687-4808	Box 238, Eufaula 36027
Bullock	Walter Pack	HSA	738-3030	Drawer 430, Union Springs 36089
Butler	Ziba Anderson	HSA	382-3154	Box 339, Greenville 36037
Coffee	Kenneth Ball	HSA	897-2523	Box 280, Elba 36323
Coffee	Kenneth Ball	HSA	347-9574	Box 1316, Enterprise 36331
Covington	Ziba Anderson	HSA	222-1175	Box 186, Andalusia 36420
Crenshaw	Ron Wheeler	HSA	335-6568	Box 326, Luverne 36049
Dale	Charles Oliver	HSA	774-5146	Box 1276, Ozark 36360
Elmore	Bobby H. Bryan	HSA	567-5171	Box 316, Wetumpka 36092
Geneva	Kenneth Ball	HSA	684-2257	Box 386, Geneva 36340
Henry	Russell Killingsworth	HSA	585-2660	Box 86, Abbeville 36310
Houston	Marilyn E. Crumpton, M.D.	LHO	793-1911	Drawer 2087, Dothan 36302
Lee	Walter Pack	HSA	745-5765	Box 2207, Opelika 36803-2207
Lowndes	Ziba Anderson	HSA	548-2564	Box 35, Hayneville 36040
Macon	Walter Pack	HSA	727-1800	Drawer 180, Tuskegee 36083
Montgomery	Bobby H. Bryan	HSA	263-6671	515 W. Jeff Davis Ave., Montgomery 36104
Pike	Ron Wheeler	HSA	566-2860	Box 425, Troy 36081-0425
Russell	Walter Pack	HSA	297-0251	Box 548, Phenix City 36868-0548
PUBLIC HEALTH AREA # 6	VACANT	ASHO		
	Tom N. Phillips	HSA	261-5081	307 State Office Bldg., Montgomery 36130-1701
GULF COAST DISTRICT HEALTH DEPT.			937-0217	Box 150, Bay Minette 36507
Baldwin	Tom T. Gray, Jr.	HSA	937-0217	Box 150, Bay Minette 36507
Conecuh	Tom T. Gray, Jr.	HSA	578-1952	526 Bellville St., Evergreen 36401
Escambia	Tom T. Gray, Jr.	HSA	867-5765	Box 66, Brewton 36426
Choctaw	Richard Jayne	HSA	459-2494	315 E. Pushmataha St., Butler 36904
Clarke	Bill Coleman	HSA	275-3772	Box 477, Grove Hill 36451
Dallas	S. D. Waldrop, M.D.	LHO	875-4401	Box K, Selma 36702-0330
Hale	Thomas C. Stuart	HSA	624-3018	Box 87, Greensboro 36744
Marengo	Charles Shields	HSA	295-4205	Box 454, Linden 36748
Mobile	Alfred R. Stumpe, M.D.	LHO	690-8158	Box 2867, Mobile 36652
Monroe	Tom N. Phillips	HSA	575-3109	Box 609, Monroeville 36461
Perry	Tom N. Phillips	HSA	683-6153	Box 119, Marion 36756
Sumter	Thomas C. Stuart	HSA	652-7972	Drawer 340, Livingston 35470-0340
Washington	Bill Coleman	HSA	847-2245	Box 417, Chatom 36518
Wilcox	S. D. Waldrop, M.D.	LHO	682-4515	Box 27, Camden 36726

ASHO—Assistant State Health Officer, DHO—District Health Officer, LHO—Local Health Officer, HSA—Health Services Administrator

BRANCH OFFICES

COUNTY	TEL. NO.	MAILING ADDRESS
Baldwin	943-2342	321 E. Laurel Avenue, Foley 36535
Barbour	928-5504	328 DeLaMare Ave., Fairhope 36532
Chambers	775-8324	Box 217, Clayton 36016
Escambia	768-2196	3205 22nd Ave., Valley 36854
Henry	368-9188	204 S. Pensacola Ave., Atmore 36502
Jefferson	693-2220	Box 175, Headland 36345
	424-6001	Bessemer Health Center 2201 Arlington Ave., Bessemer 35020
	591-5180	Eastern Health Center 5720 1st Ave., South; Birmingham 35212
	699-2442	Leeds Health Center 210 Park Drive, Leeds 35094
	647-0572	Morris Health Center Majestic Road, Morris 35116
	323-4548	Northern Health Center 2817 North 30th Ave., Birmingham 35207
	788-3321	Western Health Center 1700 Avenue E, Ensley: Birmingham, 35218
	788-7770	Western Mental Health Center 1701 Avenue D, Ensley; Birmingham 35218
Madison	539-4194	Cavalry Hill Clinic; Box 425, Huntsville, 35804
Marengo	534-1651	WIC Building; Box 252, Huntsville 35804
Marshall	289-1770	Demopolis Branch; Box 454, Linden 36748
	878-4044	Albertville Health Center 500 Coliseum Drive, Albertville 35950
Shelby	664-2470	Box 846, Pelham 35124
Sumter	392-4732	York Branch; Drawer 8, York 36925
Talladega	249-3807	109 S. Anniston Ave., Sylacauga 35150
	378-6190	803 Third St., S.W., Childersburg 35044
Tallapoosa	329-0531	Rt. 5, Box 403, Airport Circle Alexander City 35010

SATELLITE OFFICES			
Coosa	Goodwater (Open Wednesdays & Thursdays)	839-6727	Box 361, Goodwater 35072
Covington	Opp (Open Tuesdays)	493-4511	Municipal Building, Opp 36467
Marion	Winfield (Open Thursdays)	487-3688	Box 158, Hamilton 35570
Perry	Uniontown (Open Tuesdays & Fridays)	628-6226	Box 119, Marion 36756
Randolph	Wedowee (Open Tuesday Afternoons & Wednesdays)	357-4764	527 Price St., Roanoke 36274
Russell	Hurtsboro (Open Tuesdays)	667-6326	Box 548, Phenix City 36868-0548
Winston	Haleyville (Open Wednesdays & Fridays)	486-2479	Box 57, Double Springs 35553

ATTNet PHONE NUMBERS		
Mobile	660-6179	Mobile

Public Health Areas

Alabama is divided into six public health areas to facilitate coordination, supervision, and development of public health services. Area offices are responsible for developing local management programs of public health services and programs particularly suited to the needs of each area.

PHA 1
Betty W. Vaughan, M.D.
Assistant State Health Officer
Box 1628
Decatur 35602
Phone 353-7021

PHA 2
E. Kenneth Aycock, M.D.
Assistant State Health Officer
1101 Jackson Ave.
Tuscaloosa 35401
Phone 345-4131

PHA 3
Carole W. Samuelson, M.D.
Assistant State Health Officer
Box 2646
Birmingham 35202
Phone 933-9110

PHA 4
Robert J. Henderson, M.D.
Assistant State Health Officer
Box 488
Anniston 36202
Phone 236-3274

PHA 5
Joyce Gendzwill, M.D.
Assistant State Health Officer
State Office Building, Room 900
Montgomery 36130-1701
Phone 261-5133

PHA 6
Tom N. Phillips, M.P.A.
Area Administrator
State Office Building, Room 307
Montgomery 36130-1701
Phone 261-5081

If we do not lay out ourselves in the service of mankind, whom should we serve?

—Abigail Adams

ALABAMA DEPARTMENT OF PUBLIC HEALTH

State Office Building
Montgomery, Alabama 36130-1701
205-261-5095

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